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ADVANCED SUGGESTION

(NEUROINDUCTION)

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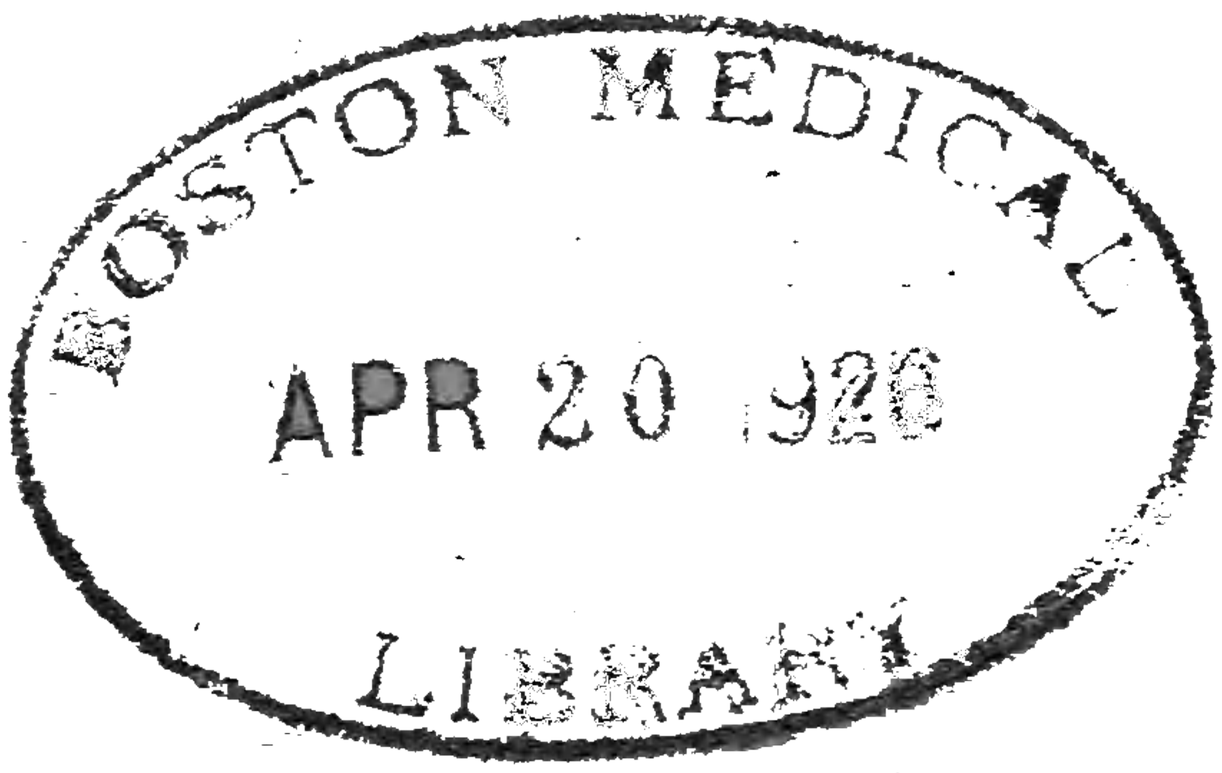
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FELLOW OF THE ROYAL SOCIETY OF MEDICINE

SECOND EDITION

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PREFACE TO SECOND EDITION

SINCE the first edition was published many medical men have made advancements in the practice of psychotherapy, some by adhering to the old-fashioned methods, others by pursuing the new. The most striking results that I have heard of from practising neuroinduction have been obtained by a general practitioner, W. Thomson Brown, M.C., M.B., C.M., who obtained them almost at once in obstetric cases. His successes are more than sufficient to show how very easily mothers can be helped through the child-bearing ordeal by this means; he has also been successful in many miscellaneous cases, an account of which he gave before the Walthamstow and District Clinical Society on November 4, 1920 (*Lancet*, January 15, 1921). Very fine work is being done in psychotherapy by Betts Taplin of Liverpool. I have heard of many of his more recent cases, and I hope he will publish an account of them. I believe that he employs hypnotism.

In my own work of the period the best cases have been among those suffering from nervous and early mental disorder; but disorders of great variety, including asthma, hay-fever, and sea-sickness, have confirmed the value of neuroinduction. I have found

that in dealing with asthma and hay-fever, where one meets with inherited mental weakness, psychasthenia, despondency due to social or domestic unhappiness, or nervous debility as part of a general debility, the particular physical functional disorder affecting mucous membranes is far more difficult to deal with, and it may be quite incurable. As regards hay-fever itself, patients commonly exhibit a great tendency to exaggerate in describing symptoms, by expressions such as "my eyes went entirely" or "water streamed from my nose." Those having this kind of temperament are always given to uttering contradictory remarks, which indicates unsteadiness of thought process; it is therefore necessary to treat the latter if lasting success is to be reached. Among cases of sea-sickness I have only had one failure, and this was due, in my opinion, to previous chronic dyspepsia of many years' standing, complicated—indeed, caused—by a good deal of anxiety neurosis; after her next long sea journey the patient reported that she had "not been so bad." Such a patient would require treatment for dyspepsia and general health for weeks or months before directing one's energies towards the sea-sickness itself.

Many cases in which delusions and hallucinations have existed have been successfully dealt with. In one case in which conceptions of persecution were emphatically adhered to, the patient being a man over seventy, all disorder disappeared after one treatment, which was followed by written instructions

that were to be kept and read by the patient at his leisure; he remains quite normal after some months since treatment.

In the case of a lady brought to me by her medical adviser, who considered that she was fast moving towards grave mental disorder, having suicidal tendencies, one treatment not only stopped all disorder, but she has since revealed intellectual capabilities, which were never thought possible by herself or anyone else who knew her, of a literary order. Indeed, the majority of my patients have been people exhibiting exceptional capabilities, both before and very decidedly after recovering from their breakdown.

It is of value to note that the better the intellect of the patient, the more poignant is their disorder when it appears; but, fortunately, it is the easier to cure on the same account. Yet it is possible to find geniuses so clever that they are not particularly anxious to be normal, who will go through a course of treatment just to satisfy their friends: one may fail to cure under such conditions.

Megalomaniac geniuses are very difficult to satisfy in this world, as are also people who want more benefits than circumstances will allow, and are determined to make themselves and others suffer for what appears to them to be sheer ill-luck. Genius may be a very near relative to madness, but very often madness is a remarkably short distance from jealousy, self-worship, or selfishness. It is amongst most psychotherapists' best strokes of luck that they have

it so often borne in upon them how delightful it is to feel very comfortably ordinary when working amongst clever people. I once remarked to a lecturer very learned in economics, on finding out his philosophical preferences after a month of treatment: "How very simple and commonplace I must have appeared to you all these weeks, so learned as you are in many subjects!" His reply was: "That is just exactly why I feel I am right again now; it has been extremely plain sense that has put me right." I feel sure that it was my advice to a doctor who suffered from chronic dyspepsia that he had better burn his fifteen books on the subject, in different languages, that helped more than anything else to cure him; he was so astonished that I had not read a single one of them. I was able to convince him that in over 90 per cent. of cases of this disorder the chief cause was worry. Another dyspeptic patient, however, more rigorously disputed this declaration, with the apparently final argument that he had "never had a single worry" since his father died seven years previously. He, however, allowed that he had had a severe time of it before the latter event. My answer was that the worry before his father's death had caused his dyspepsia, after which the dyspepsia was *perhaps* his only worry. He finally agreed. I taught him to be thankful that he had had no other worry lately; this helped to sweeten his ideas, emotions, and sensations, and he got well.

There is a glorious time ahead for those who will

practise neuroinduction. When a clinic was recently founded in London for dealing with cases of shell-shock and other nervous and mental disorders I wrote to some of its founders at once—one or two even famous men—and advised: "The easiest and by far the most effectual method of dealing with these cases in existence in neuroinduction." I hope they and many others will soon prove this by their adopting it.

I have made some significant cure studies of eczema, rheumatoid arthritis, and exophthalmic goitre. In one peculiarly nervous instance six treatments set free constipation of eight years' standing, and all the joints, swollen with arthritis deformans, were rendered free for moving and working, and were reduced to very nearly normal size. The question is, Was this reduction due to the correction of the constipation, or what?

There are three new chapters added to this Second Edition, the third being entitled "The Technique of Neuroinduction," giving some new physiological laws.

HAYDN BROWN.

30, CAVENDISH SQUARE,
January, 1921.

PREFACE TO FIRST EDITION

THIS book is small—suggesting that larger ones shall follow. It is rather in the nature of a guide which shall help others on the way than a textbook. Nor can it be considered perfect, for a vast amount of work on new lines, compressed into a few years, over a large field of investigation, will hardly permit this.

Therefore, I hope for much patience. All I desire from readers, critics, and reviewers is that they shall scan these pages very seriously, and with an open mind, for I have earnestly endeavoured to put before them what I have confidence will be found helpful material in furtherance of medical science.

HAYDN BROWN.

LONDON,
September 25, 1918.

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ADVANCED SUGGESTION

CHAPTER I

PROVISIONAL PSYCHOLOGY

DURING the past two decades the science of Psychotherapy has not advanced as far as it should have done in the direction of general acceptation. There may be several reasons for this, but I will refer to one in particular: the study was originally founded chiefly upon the phenomena of so-called hypnotism, which, while it was not sufficiently understood, was looked upon as something mysterious, occult, and in certain directions powerful, and therefore as a thing to be viewed by everybody with awe, and by many medical observers with a disposition to avoid it entirely.

Like most new things, the hypnotism of the earlier writers was vigorously opposed as a therapeutic agency—and all the more so because it was almost wholly questionable, and in any case inexplicable. I first began to be interested in psychotherapy in 1887, when, in association with some fellow-students, I conducted a few experiments. In 1893 I felt obliged to try "suggestion" in a case of "stammering" bladder, which had defied all other treatments. It proved successful. Not only did this instance arouse little

interest among medical friends, but I was seriously advised not to continue such a study.

In 1908, however, I exchanged scientific ideas with Dr. Lloyd Tuckey, which resulted in my studying "suggestion" in a more serious and determined mood, in the rooted belief that there was great work to be done in medicine by its aid. I resolved to continue the work of investigation where others had left off, realizing that it was necessary to find out more about the nature of the various phenomena of suggestion. I considered that it would not be sufficient merely to secure certain effects, but that I ought to delve as deeply as possible into the rationale of the matter, first because I was likely to go further the better I came to understand the scientific processes at work in studying cause and effect, and, secondly, because I might all the better be able to teach others such technique as I might happen upon, or work out, through a vast number of widely applied experiments—always directed towards diseases or disorders that presented extreme difficulties. I soon found that hypnotism was simply a kind of raw material, a pitchblende, so to speak, not of much use in itself, but from the study of which it would be possible to make a very valuable alternative. I ultimately found neuro-induction, which is quite easy to understand and to employ; it is also without disadvantages of any sort.

I have studied under conditions which afforded me great privileges, in that I have had, during the past nine years, to encounter absolutely the most puzzling

problems to be found in the consulting-rooms of the specialists. Thus I have wasted no time in dealing with a glut of trivial ailments.

Now, anything new or improved in therapeutics is likely to elicit the question, How is it done? This book sets out to teach and explain. Medical readers must naturally be just as eager to do, actually, as to learn what can be done. But conversations with friends have usually ended, of necessity, in my offering the self-defensive explanation that one can only teach certain accomplishments up to a certain point. The best book in the world will not teach proficiency either in piano-playing, golf, black-and-white drawing, or surgery. In such matters a book may guide, but it is only practice that will bring proficiency. No teacher of golf can ever tell a pupil very much more than this, that he had better not "press"; the pupil must find out for himself what the teacher really means by this. Similarly, when I teach what full physiological relaxation should be, I expect readers to realise what is fully meant by the term by experimentation upon themselves and upon others.

Psychotherapy is easy, and difficult—just as is surgery. Lancing an abscess with a sharp-pointed bistoury is easy; operating amidst a mass of abdominal adhesions will usually be difficult.

In order to prove the *bona fides* of my offer to teach, as expressed in these pages, and to indicate the sincerity of my intentions and of my desire that as many as possible shall learn how to carry out my

principles—for the benefit of the commonweal—and above all to prove how simple is the technique, essentially and primarily—as simple as a good knife operating in a capable hand—I hereby make the offer to give demonstrations before suitably organised meetings of medical men, and to afford the fullest explanations that I am capable of giving. I make this offer in every confidence that the work will thence make very rapid progress in the hands of a large number of the profession, and will thus not only enormously advance general therapy in its dealings with many kinds of disorders, but will eliminate, through pure force of scientific advancement, a very great deal of the existing lay-practice and charlatanry which is carried out by bone-setters, Christian scientists, and "clairvoyant healers"—the very existence of whom really constitutes a scathing criticism upon the shortcomings of the profession in the study and application of treatment by suggestion.

This book refers to advanced work; but many will read it who are not initiated, and who wish to make a beginning. I strongly advise the latter to read some previous works on psychotherapy—such as Dr. Lloyd Tuckey's "Hypnotism" and Dr. Constance Long's translations of Jung's works—before beginning this book, and also to read Chapter XIX. of this book before the other chapters—that is to say, after reading this opening chapter.

By neuroinduction I mean neurone induction, both of brain and body—central and peripheral—through-

out. It is impossible to neuroinduct locally, in any individual, without obtaining effects of a general nature, unless perchance one should wish for a particular purpose to induct towards dissociation.

By the noun *subconscious* I mean the highest degree of consciousness, inherent capability, and receptivity to the ideas of others, which the psychic system of the patient is capable of manifesting. By the noun *supraconscious* I mean the highest degree of consciousness and receptivity to the ideas of others which the activities of the special senses can either demand, permit, elicit, or govern, according to natural influences, necessities or requirements. The essential psychic capabilities of the subconscious are of a higher degree than those of the supraconscious, because the psychic processes of the former are free and unhindered, as compared with those of the latter, which are subject to the confusing and confining effects of the special senses engaged in their respective operations. I employ the term *subconscious* largely out of respect for former usage, in the hope that a much more definite and accurate meaning of the term will be found within the pages of this book; while *supraconscious* is preferred to indicate all that consciousness which obtains when the special senses are in operation.

The word "circling" is used to indicate the circular process familiar to those who have studied the theory of "vicious circles." But instead of "vicious circles" I write preferably of "negative" circles and their opposite, "positive," or favourable, circles.

Suggestion should be considered as applicable, not only to brain conception, but to body perception. Under the methods which I employ a patient is not only instructed by words spoken, but his general system is at the same time inducted by manipulations which are designed to impress, both wholly and locally.

In pointing out that I do not recommend what is known as hypnotic suggestion, it may be well if I make some comparison. I consider the state of hypnosis to be one in which certain neurones and synapses of the brain have, through induction, become temporarily inactive, but which are nevertheless disposed to accept the direction of another person for the time being. If there is a disposition to act in a contrary direction to the aim of induction, then there can be no hypnosis. The person hypnotised exercises volition in consenting to enter the state, after which he will carry out the orders of the operator; but he has the power to resist any suggestions should he take exception to what is suggested.

For therapeutic purposes I require a patient merely to be willing to co-operate with me, so that he may receive the clear lessons I have to teach his mind and body. I do not wish for any state approaching sleep. I want just exactly the opposite; and I get the opposite by specially eliciting the attention of the patient. In neuroinduction the confusing activities of the patient's eyes are inhibited by his closing them at my request.

It will be obvious why I consider neuroinduction to be a more efficacious means of treatment than hypnotic

suggestion. In the former the patient is invited to think and act for reasons that are agreed upon in respect of realisable advantages; he is asked to exercise his unhindered reasoning powers to the best of his ability. In hypnosis his initiatory power of thought is inhibited; he is led by the thoughts of another throughout. There is a further physiological effect of very great importance which is common to both neuroinduction and hypnotic suggestion—namely, an absolute relaxation of all voluntary and a reduction of abnormal involuntary muscular energy, the body being in a state of perfect rest.

Neuroinduction involves limitation of both the physical and the mental energy of the patient down to a plain static receptivity on the part of the patient, and to an easy capability of comprehension of the remarks or sensations that are conveyed by the physician. It shoud, therefore, elicit no reply if consistently carried out, for this would entail effort at a time when absolute mental and physical relaxation was of prime necessity. If a patient moved in the slightest or uttered any word, then the relaxation requisite for fullest perception would not be present. Neuroinduction calls for no effort whatsoever on the part of the patient. When a patent is trained to relax absolutely he is *ipso facto* taught not to energise; nor will he have the least desire either to speak or move, provided the technique is nearly as good as that required of one who is teaching another how to float in water effectually.

I deem the subconscious to be *super*conscious,

instead of unconscious—as so many erroneously imagine and allow it to be—simply because it proves itself to be superconscious in induction. When I induct toward the subconscious I make for superconsciousness by eliminating confusion and encouraging concentration, by bringing out the purest thoughts possible on particular lines. Amnesia does not mean unconsciousness of either the supraconscious or the subconscious; it merely means that some amount of dissociation exists for the time being. When lecturing on "War Shock" before the Royal Society of Medicine a distinguished psychiatrist said: "The . . . wish leading to the production of the neurosis is 'repressed' and unconscious." This is a common error that is too flagrant to stand unchallenged. By neuroinduction I enable "repressed" conscious ideas to become still more conscious, and I effect normal association to the level of the supraconscious if necessary. I should not expect to get any improved sense out of an unconscious. What has so long been spoken of by authorities as the unconscious of the subconscious has therefore been a contradiction amounting to absurdity in the light of the later evidence of these present pages.

CHAPTER II

SOME OBJECT LESSONS

THIS book is a digest of upwards of a thousand pages written on the subject of Suggestion. The war, and the scarcity of paper, have made it necessary to publish only such parts of the whole study as will serve to guide others who desire to work in the same field—as to methods of application, scope, usefulness, and possibilities for the future, having regard to the urgent and increasing demand for the best means of dealing with many disorders and diseases of a difficult nature, which are always more or less with us, but which the extra stress and strain of recent years have accentuated.

Nothing could possibly be simpler than the methods I adopt. In all cases I explain to the patient the meaning of every procedure, in the simplest words, so far as in each instance he or she is capable of understanding. Thus mystery is impossible; it is not allowed to enter.

The great difficulty of certain disorders, and the failure to treat them successfully by any other means, has been the making of psychotherapy. "There is no other treatment left" has many times been remarked to me by physicians when discussing cases. "It is

the only treatment" has been a repeated comment, in reference to confirmed habits which have been based upon abnormal nerve-functioning.

The instance of a distinguished physician becoming a sworn believer in suggestion within a couple of memorable hours is not without interest. He was attending a wealthy lady for supposed appendicitis, when he suspected stone in the kidney. Happening to mention his doubt to a member of the family, the latter proceeded to discuss the case in whispers, which were overheard by the patient, who thereupon became first hysterical and then seriously alarmed, until growing mental distress promised rapidly to develop into very serious disorder. The situation became acute when the physician was accused by the relatives of driving the patient insane through a careless remark. He hastened to his most intimate colleague for help; the latter was in a difficulty as to how he should reply, until he finally concluded: "The only thing to do is to get someone to treat her by suggestion." The alarming position was thereby saved.

At times, indeed, the employer of suggestion does distinctly "come out on top," and in these days with increasing frequency. Take the instance of a lady being seized with a sudden agony of mind on hearing of a tragedy. Acute dementia was diagnosed. She exhibited loss of mental capability to the extent of becoming incoherent of speech and violent, while there was a total lack of intelligent response to any questioning. Certificates were written out and awaited

the husband's signature. He refused to sign, although one of the medical advisers was a specialist of standing. He had heard of other ways of dealing with such cases. He discussed the situation with a reliable friend, who advised suggestion. To this there was opposition; indeed, it was only with great difficulty that the recommendation was pursued. Eventually the stronger conviction prevailed. After the second treatment the patient was able to converse sufficiently well to justify those around her in considering that a favourable prognosis was entertainable. She received only three treatments by suggestion in all, and required no further medical advice afterwards.

I have been fortunate in my special study, in that I have from the first had to deal almost exclusively with complications: strange to say, for reasons which I will not explain, I never went through an elementary schooling. My first special case was given me to look after by a well-known psychotherapeutic practitioner of the earlier period; the patient was a lady of position whom many specialists had given up as incurable. My medical friend had long known that I was interested in psychotherapy; he asked me to attend, as a general practitioner, to the end. To his astonishment, I succeeded in curing the patient. He then tried me with a string of so-called incurables, from drug-takers to strange cases of mental derangement, and the results were such that I was able to divide my general practice between my erstwhile local rivals, presenting each of them with a very welcome

section of it as a Christmas present, to their astonishment and extreme gratification.

Easy cases have not reached me for other and obvious reasons. Many times my opportunity has come when a patient has "seen all the best men," the last one having divined a possible means of checking an exasperating career by means of psychotherapy. To this day, the private watchword for some consultants is: "Never send a patient for treatment by suggestion so long as anything else can have a possible chance of effecting a cure;" for they do not understand the treatment, and they therefore imagine that the best attitude to adopt is to say as little about it as possible. It is my object in these pages to induce them to understand, and, indeed, to adopt it themselves. I am fair enough to acknowledge that there are a few consultants—very few—who "swear by" suggestion for certain cases; and these are sufficiently strong frankly to say so. All honour to them. Their prosperity is largely the result of their all-round honesty, their fearless independence of judgment, and their deeper knowledge.

No one can be blamed for not recommending psychotherapy when so little is known about it. Opposition, indeed, has been only natural. It has always been the attitude—and in general, perhaps, it is a wise one—of the mass of medical men toward anything new, until it has become obvious that its extensive adoption could only be advantageous and would involve no danger.

In certain respects, I admit, the work is not always easy; had it been so the possibilities of psychotherapy would be far more acceptable than they are. At times, indeed, the work is extremely difficult. It is not so easy to follow a train of thought in the mind's eye as it is to observe anatomical and pathological structures by the naked eye.

When hundreds of cases can be cited, all affording rich object lessons which cannot be gainsaid, and the illuminating effect of which no opposition can obscure, it is time for practitioners to open their hearts and minds to that which has proved to be to the advantage of the public, and must therefore be to their own interest also. I am citing in this chapter a few cases which have occurred among medical men and their families. I am offering such instances of set purpose, in order to show that in cases which have presented the utmost difficulty psychotherapy has intervened successfully, as nothing else could have done, eloquently teaching us the advisability of employing this means of treatment, not merely as a last resource, but as an early remedy.

A medical man had been for six weeks in a nursing home, suffering from heart failure, going from bad to worse. He was recommended to me by a consultant who felt that he could advise nothing more than had already been done, "unless it might be suggestion;" for this had been successful in the case of a near relative of the consultant, whose case had also been considered hopeless. The patient could hardly

speak, through breathlessness. He handed me a former specialist's report as to valvular disease, which had followed upon rheumatic fever. I at once concluded that there was present a condition of general nervous chaos as an additional factor, and that it was precisely this which was aggravating both the organic condition of the heart and its functional distress, in spite of all therapeutic efforts. After one treatment, administered there and then, a marked improvement was to be recognised, both objectively and subjectively. He was well enough to resume work a few days later, being only too anxious to do so. Although on recommencing work he was feeling far from well in a general sense, he now no longer suffered any distress from his heart. He soon regained his normal strength under the exhilarating effect of employment, enjoying freedom of respiration, and being altogether in quite a happy frame of mind.

I am not going to pretend that the patient grew new valves, whether immediately or later on. What I did was to diminish the nervous strain superimposed, when the diseased valves were able to serve the heart quite sufficiently well. I do not suggest that all such cases could be similarly dealt with in a single treatment. In a further case, not nearly so severe, which was sent me by a leading heart specialist in London, the patient required three or four treatments. A sufferer from very severe tachycardia, the son of a medical man, required three treatments a week for a month before the trouble was entirely overcome, for

the simple reason that in his case there were severe complications elsewhere localised, which also required treatment.

I will just offer one more object lesson before I proceed to some very special data which the scientist should carefully ponder. The son of a doctor of medicine, being also the brother of another doctor, had for many years been suffering from "neurasthenia." He had consulted no less than twenty-four advisers, all specialists of different categories, from consulting physicians to oculists, from ear and throat experts to high-blood-pressure enthusiasts. Finally, being considered quite incurable, a perfect nuisance to encounter, a positive bugbear to hear about, my colleagues got rid of him by sending him to me—partly, I am almost inclined to conclude, in order to punish me for my audacity, in that I habitually consented, by preference, to receive the most difficult cases. I secured evidence that in this case it was expected that I should miserably fail. The patient's age was thirty-four. His history included his never having been able to succeed in any employment; he had always been dependent upon allowances from relatives.

He could hardly speak; nor could he see sufficiently well to walk unaided or to read, having to wear an enormous shade over his eyes. He had been in bed for weeks. He went straight to bed on coming into my care.

He was treated by suggestion for some months. To-day he has an almost world-wide reputation as a

man of high professional attainments; he is also quite above the average as a man of business.

It was not to favour me that a Gold Medallist M.D. was recommended to me as a patient by another Gold Medallist M.D.; it was because no other procedure seemed more hopeful in a position of desperate, urgent, and alarming difficulty. The decision that the patient had better be placed in my hands was arrived at because many instances were known of success in such cases when everything else had either proved, or promised to prove, a failure.

If my readers, on perusing the "Contents" list, note the scope of the work described, and observe the heading "Surgical," they must not conclude that the author is suffering from over-enthusiasm. Let me tell them of the case of a child, two and a half years of age, which was suffering from prolapse of the rectum. When the case was recommended to me the trouble had existed for some months, and was gradually becoming worse. All the usual and likely remedies had been adopted without avail; a surgeon was at length appealed to, who advised operation. This was objected to. One treatment by neuroinduction relieved the constipation; a second confirmed the improvement; a third was given by way of further security. The bowel never came down again after the first treatment.

Nor need the heading "Pulmonary" astonish any who scan the index. I shall explain what can be done in desperately difficult cases.

Surgeons must never again scorn psychotherapy

after my now referring to a patient who was afflicted with lateral curvature of the spine, and had suffered years of agony from plaster and other barbarous fixtures, only to emerge worse than before. Neuro-induction served to restore confidence and to create such a keenness for exercise of the offending muscles that a very few months sufficed to restore shapeliness. In some antero-posterior cases of cure I am convinced that nothing but neuroinduction would ever have succeeded.

The importance of a study of neuroinduction will be further seen from an analysis of such a case as this: A daughter complained of a dread of having anything to do with birds; she would neither eat chicken nor countenance feathers in hats. It was found that her mother had been terrified by a parrot becoming suddenly entangled in her hair while she was "carrying" the offspring *in utero;* thus I have found that certain "maternal impressions," of various kinds, are real. When we also bear in mind the example that bulldogs afford, which are now commonly born with distorted tails—the tails of their progenitors having been broken to keep the fashion—then one must conclude that nothing but neurone process could determine transmission of acquired characters.

If it be contended that a "nerve theory" has been advanced by former observers, I must point out that these have done no more than surmise, for no rationale has been forthcoming to sustain their idea. In these present pages a rationale does come into view, through

the illumination which a study of neurones and synapses, glands, and sympathetic systems, provides.

Professors Adami and Cunningham may therefore both be quite happy with the conclusions of this book, for if glandular secretions really do produce chemical stimulating effects, then I must maintain that this is primarily through the influence of neurones; moreover, in the case of the lower organisms I would point out that we have every right to conclude that primitive neuronous elements were active before glandular, for, in studying the higher animals, when an idea has caused disturbance in bodily functioning it is the neurones which have primarily governed effect.

CHAPTER III

NEUROSES

INSOMNIA

AMONGST the worst cases of this disorder are those in which the patient is obsessed with the *idea* of not sleeping, and has developed a mania for convincing all and sundry of the dreadful suffering which he undergoes. He thus feeds his disorder upon what successes he can obtain in the matter of finding others who can be wrought upon by his descriptions, until his own estimates as to the kind and the extent of his sufferings become so very much enlarged that they actually induce insomnia which otherwise would not exist. The fact is that insomnia is often an extremely useful complaint for the neurasthenic, for he can descant upon it to his heart's content, knowing that nobody is present to see whether he sleeps or no, and if his doctor should deliberately place someone beside him he would still have difficulty in proving the truth. Most of the other forms of insomnia are very ordinary compared with this type, and can be successfully treated by various well-known means, according to the indications and etiological factors in each case. Not that ordinary cases ought to be treated by other

means than psychotherapy, for—and here let there be no mistake—psychotherapy will readily prove itself to be the very best treatment for all kinds and all degrees of insomnia, even though organic disorder in the patient should require medicinal or hygienic adjuvants.

When, in addition to the fundamental exigencies of the case, the patient further endeavours to torment himself, and to corner his doctor, with a phobia regarding the drugs he feels obliged to take, a veritable *impasse* may be reached, which will require strong measures, and perhaps even the resources of a scientific detective. The neurasthenic often becomes very ingenious in his cunning; his success in baffling first one and then another doctor may create a yet more urgent desire on his part to prove the truth of his contentions; and in this way he may add other arcs to his negative circling. He may divine that he is being watched, and conclude that the most artful expedients are being adopted for catching him; his protestations may at times become heated. Sooner than be found out, he will often do a desperate amount of thinking; he may also act desperately. Should it dawn upon him that he has been exaggerating in declaring that he ought not to be so cruelly accused, he may suffer a distress of mind that makes any road out of it preferable to facing the painful ordeal of exposure. He may finally quarrel with his doctor, and even with himself, and meditate suicide.

Such a patient requires to be treated by a scheme

of psychotherapy which aims at such various symptoms of his neurasthenia as are acting in vicious encirclement. What will be the use of merely treating his dyspepsia by means of medicines and food, or of considering chiefly his loss of weight, or of heeding only his chief complaint that he gets no sleep, when all these features are caused by serious conflict in his subconscious mind, originating partly in some domestic circumstance, and being established still more deeply by worrying over his illness? Having been a perfectly honest man when well, he now misrepresents the facts. There is discord in his constitution, and he feels downright unhappy. He may even be extremely ashamed of himself, while feeling helpless and unable to escape from it all.

In employing psychotherapy nothing is so powerfully effective as logically cornering the patient, and bringing his misfeasances home to his subconsciousness. The case of a lady who suffered from nervous breakdown through playing chess to excess may be referred to by way of illustration. She declared that she slept only two or three hours each night, and never before one o'clock in the morning. She was placed in a one-patient home; psychotherapy was applied for two weeks, with obviously favourable effects as to her general condition, but she adhered firmly to her story of insomnia. Accordingly a trap was laid for her: a book was lent her, which was just of a kind to induce her to read far into the night if nothing hindered. "Do not keep this long; there is a run on

it, naturally. Several are asking for it," was the condition of the loan. She read the book all the afternoon, and took it to bed with her. It was ten o'clock, and I thought I should like to read the book, for I had found a rare moment of leisure. I decided to go to the home, and to the patient's room, to ask for it. I knocked—and knocked gently; no answer. Then I softly opened the door. Getting no response, I spoke: "Are you awake, Miss ——?" No answer. Carefully listening, I could hear the sounds which tell of delicious slumber. There was no mistake about it. I gave her a few minutes; then I called louder. She awoke with a start, in confusion, and immediately said: "I was not asleep—did you knock?" "I only want my book," I replied; "I have just a chance to look at it, and I thought you would not mind my asking for it. It is not very late, and I thought you would not be disturbed." I took the book, and nothing more was said until the morning. Then the discrepancy was referred to during subconscious training, with the result that ever afterwards none but accurate reference was made to anything and everything by the patient, the question of sleep never again being referred to in the supraconscious state.*

The reader may conjecture that a patient may be similarly detected as guilty of incorrect representation without any special application of psychotherapy being necessary afterwards. My reply is that mere

* Throughout this book all above the subconscious is termed the supraconscious, advisedly.

detection without psychotherapy may miserably fail; the patient may complain in anger that she is being disgracefully treated. Under the scientific and experienced application of psychotherapy failure will be impossible, other things being equal.

Of all the cases of insomnia I ever attended there was one I regarded as likely to be most hopeless. Lack of sleep was occasioned by the presence of an internal growth on which the surgeons would not operate, the patient being in mental as well as physical agony. She would not take drugs, so what further treatment could be applied other than psychotherapy? Under the circumstances, I consented to treat her, and I was successful even beyond my own attenuated hopes. Assuagement of her fears, apprehensions, and misgivings by comfortable argument produced the most gratifying results.

Psychotherapy has proved itself paramount over all other treatments that have been tried for insomnia. But why has it done so? For three reasons: firstly, induction* has allayed mental excitement and reduced bodily tremors; secondly, induction has readily enabled analysis to detect any underlying mental tension; thirdly, induction has assisted the action of medicinal applications upon physical disorders, whether the latter have been consequent upon the in-

* The word induction is employed to denote the education or re-education of the mental and physical systems, the patient being led from one clear understanding to another, the physician's plain and simple reasoning appealing to the inner conscience. A later chapter deals further with methods.

somnia or have preceeded it, although such applications had formerly been of little use; this adjuvant action being due to the fillip administered to the process of metabolism, and to the feeling of well-being afforded thereby. Not that the use of chemical medicines is always recommended, for the effects of psychotherapy are so far-reaching and so prompt that in most instances medicines will be no longer required shortly after the commencement of the treatment, even though the sufferer may have become a drug maniac. Possibly none will be required from the outset; nevertheless, it is, of course, frankly admitted that some patients may be helped to more rapid improvement by the administration of stomachics, laxatives, tonics, and even sedatives, while psychotherapy is being applied.

It is impossible in these days to study disorders which are difficult to diagnose fully, and when all treatments are difficult to apply, without having recourse to the lessons which an understanding of the process of "circling" offers. We owe much to the discovery of the "vicious circle"—if it deserve the label of discovery. The process must have been recognised to some extent and in various connections from time immemorial. It has taught us to make more correct estimates, and has drawn attention to the necessity for recognising the accurate sequence in identifying complications. Now, having found its value, I venture to consider that the term should only be used with direct reference to its opposite. At first (some years ago) I chose to refer to the opposite process as "favourable circling";

later on I came to adopt the terms *positive* and *negative* as being more suitable. In the matter of illustrations I conceived a dislike of drawn circles which contained reference words that were printed upside down and were not easy to read. I therefore adopted another form of circle, writing all descriptive words horizontally, so that they were easier to read. Now, in this book, I would ask permission to abandon the illustrative circle altogether, as too well understood to need actual representation. I find, indeed, that sequences may quite well be given in the printed lines of the context. This form of expression is readily understood by the reader, and it is much easier to print.

I represent a case such as has been referred to in the last few pages in the following way, giving the arcs in the order in which they appear to have originated :

NEGATIVE "CIRCLING" (CORRESPONDING)

(1) Worry; (2) insomnia; (3) dyspepsia; (4) pain; (5) constipation; (6) despair; (7) drug mania; (8) loss of weight.

POSITIVE "CIRCLING"

(1) Psychotherapy; (2) psychotherapy; (3) medicines and diet; (4) local applications; (5) laxatives or psychotherapy; (6) psychotherapy; (7) sedatives or psychotherapy, or both; (8) diet.

I have also found that diagnosis of a case is best expressed in terms of "circling" as above. For in-

stance, it would be absurd to categorise the cases previously referred to as cases of insomnia. They are cases in which insomnia is merely a single feature, and not by any means the most important one.

The following is an instance worth studying. A young man of twenty-six was sent to me by a consultant as a case of insomnia that "beat everything." He was an architect. He had been spoilt as a boy. He was very capable; almost too enthusiastic. Nothing had been successful in curing his insomnia. I found that he was chiefly afraid because nobody could help him. He felt that his was a hopeless case. Drugs had made him worse: in small doses they were useless; in large doses they made him feel bad the next day. He was an obstinate patient to treat, and gave me the impression that he was afraid he would be compelled to sleep by "suggestion"—as he had heard the new treatment called. Mental analysis further showed that there was something more at the back of his mind. It was proved that he slept fairly well, although he continued to declare that he did not get more than a couple of hours' sleep each night. It turned out that six months previously he had been overworked, and had been offended by someone who had remarked upon an error in an architectural design. This fact he kept to himself, until he fell ill; then followed insomnia, which itself was simple enough, and would have been curable by ordinary means, but for the fact that the patient, in his *malaise*, developed obsessions and phobias arising from the aspersions cast upon his work. At

length he felt that certain thoughts were accumulating which he must by all means conceal. Even convincing him that he slept was of no avail until the nature of his strain had been explained, and until he had learned to recover a greater degree of self-confidence.

This patient had made references in his diary to the various authorities whom he had formerly consulted, and to their treatments and observations. When he recovered he recognised quite clearly that he had been incontinently drifting into negatives which would finally have rendered him insane had they not been checked. He had become afraid of himself and of everybody else. One of his confessions was this: "One side of me said, 'You do sleep': the other, 'You don't; you must keep up the idea that you don't, or you will expose yourself.' I got into an awful fix, until I found that whatever initial insomnia there had been was kept up by the unsuccessful efforts doctors had made against it." He finally admitted that the whole chaotic position had been brought about through the early remarks made to him about his work.

Quite a number of patients, who get well under psychotherapy, quietly discontinue further treatment, with very little comment, giving, when questioned, some simple answer such as this: "Getting right by degrees, thank you." Later one hears of their being quite well. The explanation is that they have corrected their obsessions as induction has continued, and have decided not to reveal the initial worry, what-

ever it might have been, especially as no specific inquiries had been made in respect of its nature—as they need not be if a case should seem to the physician to be proceeding satisfactorily. Thus there is very often no need to grope amongst a person's private affairs if he shows early signs of responding to treatment.

PSYCHASTHENIA (INCLUDING NEURASTHENIA)

I have chosen to make a study of neurasthenia under the heading psychasthenia, after the manner of a psychotherapist who never sees the one disorder without the other; who cannot, indeed, see the one without the other, for the very reason that there is no such thing as neurasthenia without some degree of psychasthenia. Neurasthenia means—if it means anything—weakness of the neurones and their connections, which is bound to include a diminished power of thought. I allow the greater to contain the less. It is my contention that psychasthenia is the most important factor in the causation of functional derangements. By means of a treatment called suggestion (which means education) both the psychasthenia and the neurasthenia belonging to it may be cured. This is clearly seen in practice: we hardly seem to need the word neurasthenia any longer. The neurasthenia of former writers is shorn of all its difficulties when its protean manifestations are viewed under the lenses and by the light which a study of psychasthenia and its treatment affords us. A great authority has published a book

on neurasthenia; in it he frankly admits that "the weariness complained of by neurasthenics is a central phenomenon." We thank him for these words.

Notwithstanding the fact that large and valuable volumes have been written on neurasthenia by very clever men, I propose to peel off a good deal of thick encrustation which many years of very serious thought have deposited over the kernel of this disorder, together with much of the dust and cobwebs of time-honoured theory surrounding the whole. I am sorry if I offend the susceptibilities of lovers of the old order of things; but experience compels me. I feel that psychasthenia gives us all the elucidation we want; in our study neurasthenia will melt into a matter hardly worth any special consideration as a great disorder in itself. It seems impossible to think otherwise; the teaching of psychotherapy is so clear that there can be no other alternative.

I will allow at once that a toxæmia of dyspepsia *plus* intestinal stasis may be the cause of a so-called neurasthenia; but I shall show in later chapters that the former conditions are caused chiefly by mental stress, which is best treated by "suggestion."

Psychasthenia may be regarded as anything between general depression and inertia such as follow influenza, nerve shock, or mental strain, on the one hand, and utter exhaustion of power of thought, such as we see in dementia (or complete chaos, as in mania), on the other.

It follows that this chapter will be a very short one.

Psychasthenia will be considered broadly as it may occur in different forms and various headings.

I shall make but a brief reference to cases not having an organic or toxic origin, in which nothing but inertia, a disinclination to do anything, and an incapacity to feel interest, are the chief features, there being neither any particular phobias nor anything definitely hysterical, illusional, or delusional to characterise. All such featureless instances of psychasthenia require analysis.* This should not only serve to reveal traumata, but should begin by making a careful etiological inquiry, the physician remembering that far from being a weary and thankless task, when properly conducted the very process of inquiry creates an immediately curative effect, whether anything definite be found or no. In some instances a commonplace fear or an inherited timidity may be at the root of very great disorder. After several attempts to find a cause in one such case, it was remembered that the patient—suffering from severe phobias—had declared that nothing whatever would be discovered excepting "constitutional cowardice." Here, in two words, was all the analysis one wanted, as time went to prove. Treated by the method of analysis which I recommend, the patient soon becomes the physician's most valuable assistant.

Many patients keep their complaints going just

* In my system, to be explained in a later chapter, I have no use whatever for what are known as Freud's or Jung's systems. My method is rapid, and it produces dependable results without possessing any disadvantages of its own.

because of the treatment which has been laid down for them, designed to meet their disorder—so often does a routine happen to be wholly satisfactory to them from every point of view. Should this frame of mind be sufficiently obvious to the physician, his best plan is to inculcate an energy, an active disposition, by an induction which brings in full play of emotion. Self-analysis should also be brought to bear, making apparent the meanness, unfairness, and unwisdom of any resignation to a slothful life.

Yet even this must be done with discretion on the part of the physician, and with due regard for further depression or melancholia which may be ready to develop. Stimulation of emotion should always be applied indirectly, or by innuendo, and should be leavened by a bright cheering mood which is quite sincerely applied. In analysing for negative circles we should endeavour to estimate the proportional effect of the different arcs, ascertaining how far dyspepsia may be contributing to the whole, or how much insomnia; also, having found an early psychic traumatism, whether there did not exist dyspepsia or some other negative arc before this had occurred. Inherited difficulties are very often found to be at the back of all.

It will be well to bear in mind that psychasthenics are always so much on the defensive, that disputation, and even antagonism, often becomes the dominant trait manifested in ordinary discussions of their cases with them. This naturally follows from fear,

which begins as an instinct and goes on accumulating, in subconscious calculation, according to the power and the kind of negative arcs encircling the patient. I feel bound to express a conviction begotten of much observation, that the usual idea that one should urge employment when treating such cases is one that requires very considerable modification. Take the case of a man in whom there were many arcs of negative "circling," one of the deepest being the fact that his relatives despised him because he would do nothing, describing him as lazy, "fat enough to work," and heaping upon him expressions of reproof which nearly drove him to suicide. The very first "positive arc" which I felt obliged to implant in his mind was the correction of this mass of negative injunctions inflicted on him by his relatives, by telling him (*a*) to take no notice of what other people had been saying; (*b*) that he would work all right when he felt well enough. In twenty-four hours these points of view helped to make two other "positive arcs"; he slept better, and he had less indigestion after food.

Employment should be suggested to patients only after they have been made well enough to consider it.

It is true that advisers who never suffer from sea-sickness are those most given to urging sufferers to "go down to every meal and eat, whether they wish or no;" while there are people who declare that epileptic confusion is "downright naughtiness," and that it ought to be punished. But the physician who has studied psychotherapy knows better.

"If I had to work I should not be where I am," a wealthy lady in an asylum told me. She was right, and she was wrong. She had intelligence enough to know that work was healthy, but she could not engage in work, as she was then suffering. When I had got her well enough, it was not at all necessary to tell her to work; she became industrious quite of her own accord. Psychasthenics may be obstinate, for the reasons given: the very mention of work will often produce further incapacity for action. But continue to treat a case properly, and just as surely as the patient will presently arrive at self-analysis, so she will presently work when she can work, thanks to auto-suggestion and natural inclination.

Precisely the same observations are applicable to the question of work in the case of sufferers from phthisis, in which disease there is a psychasthenic arc, as we shall see in a later chapter.

To prove the possibility of work when suggesting employment is very important in inductive treatment; and the physician often finds this rather difficult. A lady came into my hands who was suffering from very severe psychasthenia, after having been in a home for observation for twelve months. There were only three "arcs" which seemed to me to count in "negative circling"; there were several others, but they were quite inconsiderable. The three were: (*a*) worry about her husband; (*b*) the feeling that she could do nothing; (*c*) the idea which she had gleaned, from conversations which she could not help overhearing,

that she was likely to go out of her mind. I treated (*a*) and (*c*) quite easily, while the patient clung to (*b*) with the tightest of grips. She declared that she could not read, because she could not follow the words, either by sight or understanding. I therefore found it necessary to set traps for her, having roughly tested her eyesight. I asked her to look on a page of a book in order to distinguish certain words. I found she could differentiate between large and small words. I therefore remarked: "But you told me you could not read a single word! Ah, well; I want you to be quite accurate. You therefore can see words." Induction afterwards enabled her to take an interest in seeing more words, until one day she announced the marriage of a great friend. I asked her who had written to her about it, in order to see if I could secure her admission of having read a letter—a nurse being accustomed to read all her letters to her, as I had understood. She replied that she had caught sight of it in the paper. "What were you doing looking at the paper?" I asked. "I was holding it in my hand, trying to make out the headlines, for practice," she replied. Further induction made use of this incident. Not that the patient was really dishonest; she had thought she could not read a word, in fearing that her case would not be considered sufficiently serious, until at length she had become obsessed with the idea. Induction on lines which developed a capacity that was at first quite infinitesimal, but was frankly accepted, enabled her in four weeks to read all the chief news of the day. Had

she been told that she could read, and that she was lazy and untruthful, she would at this moment be languishing in another home, instead of being in perfect health and exercising uncommon ability in ordinary life.

Sometimes a patient will elect to take no notice of questions asked, making an interview seem of little apparent use, as though not understanding anything said to her; in such a case induction should be commenced by means of *studied conversations with a nurse or friends in the patient's presence*, the physician knowing perfectly well that the patient will take in every word. If tactfully done the patient will possibly speak quite freely on the next occasion.

I give the following three cases by way of illustration: A young lady of twenty-eight years of age had for years been the puzzle of consultants in two continents. In England every remedy was tried, from high-frequency currents to the Weir-Mitchell treatment, without favourable effect. As she was suffering from dyspepsia, constipation, and emaciation, massage, strict confinement to her bed, and a course of feeding-up, were prescribed by yet another consultant. After three weeks of this treatment the patient had lost weight alarmingly, to the amazement and disappointment of all. Her insomnia was greatly aggravated. When the patient came into my hands induction toward the subconscious was fortunately allowed in the second interview, after which analysis detected the *folie*. The patient described her tendency

to think and to act in direct opposition to all persuasion. In despair, and afraid of everybody and of all recommendations, she evolved a mood of universal perverseness. She further explained that three years previously she had been quite certain that one of her doctors had been entirely wrong in thinking that her womb was at fault; she believed that he was merely guessing. This patient made a fairly rapid recovery, to the immense satisfaction of the consultant who had recommended psychotherapy after so many other treatments had failed.

A man, aged forty-seven, had been treated for some eighteen years for various attacks of psychasthenia—by travelling, electricity, massage, lymph and culture injections, rest-cures in bed, and so on, until he got out of patience and became very irritable and despairing. At length petulant opposition grew into active resistance; he first refused medicine, then food, and afterwards declined to take any notice of anyone. He was consequently restrained and subjected to force. On being sent to me, I reversed the tactics, the great contrast in itself being such a relief to the patient as to cause him to attend to the very different recommendations addressed to him in respect of his case, the result being that for two weeks he consented to take food. He would only take medicine, however, upon my offering to taste a dose myself out of his bottle in his presence. I treated him largely by observations made to a third party present, after getting him to close his eyes for a few moments at a time by tiring him out

with platitudes. Each day or two some ground was gained, and he continued to make progress until he completely recovered. He then declared that he had concluded, when ill, that no efforts would ever be of any avail to save him.

As an example of partial benefit the following case is worth studying. A lady forty-six years of age had been for some years psychasthenic, for no reason whatever that could be discovered; she gradually became worse, developing symptoms of melancholia. She would do nothing but very slowly dress and take a little garden exercise; eating just enough to keep alive, refusing to see anyone, and crying a great many times each day. She said she did not want anything, not even doctors. She would listen to nobody's arguments or persuasions, declaring that she was past all help, and ridiculing any suggestion for her benefit. She altogether declined to see one doctor who called repeatedly. Her distinguished consultant sent her to me for psychotherapy. She declined to see me for a week. I sent a lady to call upon her daily; she received her kindly but deprecatingly; at length she took the advice given that she should see me. For two weeks she would only submit to my very simple conversations, after which she very reluctantly consented to start a course of induction. I told her that she need only close her eyes, and that if she did not understand what I said she was to say so and I would explain. She ridiculed the idea that this could do any good. After three treatments of twenty minutes

each she seemed to divine subconsciously that favourable effects would follow, for she became more cheerful and went out and bought a new hat. Unfortunately the nurse noticed this, and mentioned it to the patient as a favourable sign. She now began to dislike the idea of any further treatments, yet consented to take another. Analysis following this treatment revealed an unhappy relationship with a very near relative; whereupon she would consent to no further treatment, for it became clear to her that recovery must mean a return to this same relationship. All the former obstinacy and resistance then returned.

I have explained to many medical men and anxious relatives that psychotherapy will not do everything, nor will it always do anything. It will not find new husbands or wives; it will not restore lost property; it will not make brain power when the brain convolutions are too few in number. There are bound to be incurable cases, incurable owing to outside conditions which cannot be altered satisfactorily.

Amongst the most difficult patients to deal with are those in whom genuine physical disorder is complicated by crafty purposive design or hysterical artifice. Difficult cases indeed provide all conceivable blends and shades of reality and falsity. When disappointment, covetousness, or jealousy are at the root of the crying evil, one may really expect anything, according to the bias of inherited temperament or the urgings of emotional sensitiveness. I am thinking of a case in which genuine disorder prompted the deliberate

design to deceive and baffle, because it paid so well, until the lady overreached herself by embezzling some of the funds which had been given in aid of poor people suffering in the same way. Her behaviour upon accusation revealed the fact to the least acute beholder that she had for the most part been shamming. Her hurried volitional departure for fresh fields completed her cure, indignant protestations of innocency appeared to help enormously in dissipating most of her symptoms.

More difficult still are cases in which stigmata of degeneration are to be found, such as badly shaped heads, marked asymmetry in facial features or in the organs of special sense. One might imagine that such cases should really be classed as quite unsuitable for induction of the subconscious; but the fact is that many of them improve greatly under its training. I have frequently seen decided asymmetry of features become absolutely regular.

No notes might be considered complete in these days unless some reference were made to the types of psychasthenia incidental to active warfare. But the fact is that such cases need little special consideration, for they fall naturally into the various categories of nerve and mind disorders which are occasionally observable in times of peace; their treatment will require little more additional study, once the principles of treatment by psychotherapy are appreciated as applying to strains and stresses of neurone function whatever the nature of the causation may be.

HYSTERIA

Everyone must allow that a patient whose symptoms exhibit in a few hours trains of thought which range from exhibitions of the clearest and most capable intelligence to moods of pugnacious recalcitrancy that will brook no reasonable correction, which present features distracting to anxious relatives and puzzling to doctors, and offer an infinite variety of simulated pains, incoherent arguments, illusions, anæsthesias and paralyses, while the patient laughs, swears, or cries by turns, in the face of tender maternal admonition, being altogether unaffected by the family adviser's old-fashioned bromides and valerian, likely to give much trouble to everybody concerned. But how easy all becomes when tackled by an experienced psychotherapy !

In hysteria there is a history of an emotional crisis; dissociation has been effected by some strain or shock sustained. Ideas of dissimulation, creating purposive dissociation, arise in the mind of the patient, as a means of self-defence. Should there be anything to be ashamed of, and should painful difficulties find no outlet in ordinary ways of communication because of the prevailing inco-ordination and chaos, the patient will make excuses, and in her fear will adroitly clutch at opportunities for adding to her means of self-defence. She will accept any hint which may fall from careless observers, for this may help her in one

direction, but it may succeed in adding to her troubles in another; thus she may become violent in her mania for making further difficulties. She will almost seem to enjoy deluding and defeating all efforts made on her behalf. Hysteria is a wholesale *camouflage* for concealing mental difficulties. Urgent repression and conflict give rise to frantic internal stress and external demonstrations.

Psychotherapy of the right kind will facilitate re-association and easy communication with the exterior; it will restore co-ordination, firstly in the internal processes of reasoning, and secondly in ordinary conversational intercourse with others.

In such cases the weakness of Freud's analysis—the analysis of other days and dreams—is self-evident. The conditions above recited mock the efforts of "word association" and similar failures; and if absolutely useless in hysteria, what proportionate value are such methods likely to possess in any disorder whatever?

The first steps to be taken in hysteria are those of induction towards the subconscious. The rest will be easy. The patient will very quickly learn to analyse herself if subjected to a suitable technique.

A very fair example of self-analysis subsequent to induction is the following, taken from notes not a week old at the time of writing these pages. The patient, though a difficult one as commonly considered, was not asked a single question. At first it was difficult to obtain a quiet moment. At the outset exhaustion facilitated the initiatory induction of the physical

sensation of relaxation; mental relaxation followed *ipso facto.* After the second treatment on the following day she seemed quite glad of an opportunity to converse, and exhibited signs of returning ease and understanding. She now made a number of remarks, which included the following:

"I have for years been trying to read other peoples' thoughts."

"I feel now more inclined to examine my own."

"What an awful fool I have been!"

"I seem to have been in a kind of horrid dream."

"What should I have done without this help?"

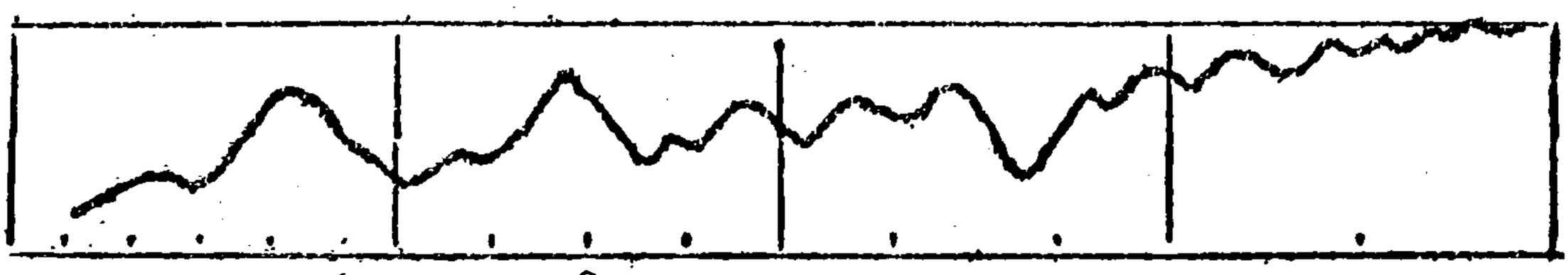
"What a narrow escape I have had—they spoke of an asylum!"

"I feel now quite different."

"Last night I slept splendidly, and without any tablets."

Patients may vary from day to day under treatment; a drop in progress must not disconcert the physician in the very least. An exhibition of marked lucidity is almost sure to be followed, sooner or later, by a minor degree of recurrent obfuscation and riotous confusion. The following represents the oscillating progress made in a case of hysteria which had gradually developed over a period of five years, owing to various circumstances which had imposed a series of shocks upon a condition of nerve strain—hte patient having inherited a tendency to the latter:

Twelve Treatments over Four Weeks.



The number of weeks which must elapse before a case under treatment recovers and maintains normality will vary according to the symptoms and the duration of the illness. A study of environment should not be omitted during treatment, for much will naturally depend on this. A patient, when recommended treatment, may take shelter behind irresolute relatives, and refuse to do as she is told; therefore all must be firmly instructed to assist, as may seem requisite, in "cornering" the patient and holding her to any admission in any manner reasonably indicated. Some patients are better entirely away from relatives; but I cannot agree that all are. A very nice judgment must be exercised as to what environment is likely to be helpful. During the first week or two patients may possibly make strenuous efforts to get away from the treatment—though this is extremely rare. Instead of finding the methods quite pleasant, and something to look forward to (which is the rule), they may have reasons to suspect that an approach is being made toward something submerged, which they are afraid to have brought to light; accordingly they may make various excuses in order to get away—say to some especially attractive health resort.

The most difficult cases of all are those in which an old love affair has caused deep disappointment, illness having in time spoiled the health and appearance, making it hopeless for the patient ever to expect a fair chance again. You may at first get the thoughts to run on nearly normal lines, only to go astray again through an insufficient desire on the part of the patient to get completely well. An induction must therefore assist in the creation of trends of thought which make for separation from the ties of former emotions and a more independent mood; sometimes it will be useful to suggest an entirely different kind of future, as also the pleasure to be derived from many other things in life, and the real delight which is bound to arise from her feeling that it is possible for her to render some assistance to others. Emotional impulses may be roused in order to stimulate the healthy employment of mind and body, so that the old story may be left behind in favour of new possibilities. A simple and perfectly truthful account of other cases may well be given by way of example, in order to throw a cheerful light upon the outlook. In one case a patient felt much happier when she had decided that there was more to live for than mere marriage; she also learned that the best way to get married was to endeavour to think of every other pleasant pursuit in addition to this particular one, for this procedure would greatly increase her attractiveness. Having agreed (at the suggestion of the physician) to abandon altogether, for a period of twelve months, the idea of becoming engaged, she

was delighted beyond all expression to receive an offer six months after the date of this temporary renunciation, and from quite an unexpected quarter—from a man who was even more handsome and lovable than the previous one who had fallen in love with her, for now she was so pretty and yet seemed to think so little of the fact.

In hysteria the doctor should constantly bear in mind (even during those fits which seem to be accompanied by utter unconsciousness) that the patient may not only perfectly well understand every observation made by those present in connection with her case, but may be gathering information which will enable her to devise a great deal of further trouble. Apparent stupidity and lethargy must not on any account be presumed upon at any time; on the contrary, everything spoken should be of the nature of corrective suggestion, and the more indirect this is the more favourable will be the effect, as a rule.

I am bound to admit that in many cases of hysteria treatment of the nervous system by ordinary hygienic means and medicines will so far improve certain arcs of "negative circling" that the patient will gradually recover. Adventitious strokes of good fortune will sometimes succeed in converting a negative into a positive arc, when nothing else had previously proved of use. The death of a relative, or the inheritance of an estate, for instance, may open up possibilities that will serve to loosen the bonds of thought and liberate the mind from certain hampering physiological in-

fluences in a manner which might well appear magical. But in cases which are at all difficult psychotherapy must henceforth rank as the first specific. We must judge these with due regard to etiological sequence, pathological significance, and clear psychological requirements.

We shall be justified in reminding ourselves that psychasthenia and hysteria are very frequently associated in the same case; long-standing hysteria can hardly exist without causing psychasthenia.

Let me mention a case of hysteria of twenty years' standing, begotten of neurone strain and shock. A lady, fifty-four years of age, was sent to me as having suffered from pains, anæsthesias, contractures, and spasms of various limbs and regions of the body. She had been under many distinguished specialists in France, Germany, America, and England. Her case had baffled all, from Charcot, quite early, onwards. After three weeks' treatment she wrote me a note expressing her pleasure, saying she had at length obtained command over her spasms and contractures, and that she now could easily prevent their occurrence, mentioning other points of improvement in her health. In a month she gave, without being asked, a lucid history of her troubles, plainly and intelligently, her face and demeanour now being bright and her spirits quite buoyant. She suggested to me the probable cause of her limb spasms, which was this: After being up night and day for a week, nursing her mother, "twenty-one years ago," she went to bed, and placed a hot-water bottle, which

had no cover on, to her feet. She took a sedative given her by the doctor, but some time later awoke in a fright, with a stinging pain in her left foot. She had dreamed that a reptile had seized hold of her toe. The hot-water bottle, which she had touched by chance in her movements, had probably caused this nightmare. She declared that she had never really got over the fright of this incident. Her cure tended to confirm the significance of the story.

In my experience there is no royal road to the detection of original mind traumata in neurasthenia, nor need analysis, and the searchings for such, be always considered a *sine qua non* procedure in our efforts for success. I had practically cured the patient just referred to before she brought out her history in detail. To learn of traumata, shocks, and strains may be very valuable and interesting at times; and if discovered they had better be dealt with *en route*, but there has been an inclination shown by neurologists and psychiatrists in the past to attribute too great an importance to just one particular incident in a patient's history, as accounting for a whole train of troubles. It is true that if a single nerve shock is effectually dealt with all others may, in some instances, take themselves out of the field of disorder. Searching for a very rare shell on the beach, and finding it, will not necessarily make a seaside place pleasant, nor will a bucket and spade make it sunshiny and sanitary. I have known patients to find and declare traumata in order to conceal others; treatment has eventually

enabled them to deal with the latter in entirely their own way, and to complete their cure.

Hysterical œdema makes an interesting study. The most interesting case I have to record is that of a lady, twenty-two years of age, who developed œdema of the left leg, which had apparently originated from a few inches of varicose vein below the knee. Under the circumstances, her surgical adviser hesitated before operating. She was sent to a nursing home and ordered to bed, etc., to prepare for operation; but so far from any favourable effects following this procedure, the swelling began to extend. Every conceivable superficial application and internal remedy was now tried, in reason, but the leg increased in size until, after a week or two, swelling appeared in the abdomen. The surgeon would not operate, and the parents were anxious. After twelve weeks' rest in bed the patient went home. Subconscious induction not only served to reduce the leg, but the distension of the varicose veins was very soon greatly diminished. Successful operation was in due course performed.

In all such cases vaso-motor control can be readily and certainly demonstrated by suitable technique.

Hysterical contractures appear to be sustained reflex posturings consequent upon some initiatory idea which has entered the mind; they exist even during the apparent unconsciousness of natural sleep, but disappear under the true unconsciousness produced by deep anæsthetic inhalation, which inhibits any sensori-motor reflexes by its toxic and paralysing effects. It

is a well-known fact that many cases of hysterical contracture are cured by the inhalation of chloroform. This method of cure is greatly facilitated if it be pointed out to the patient, by way of simple suggestion, under a small dose, that the contracture has disappeared, just as he is returning to consciousness. The pain perceived upon forcible manipulation of an hysterical contracture is to be explained by the reflex opposition aroused, the patient tending to make abnormal efforts of a subconscious character, while not precisely intending to do so on the volitional or supra-conscious plane; so that a determined resistance has become automatic. The hysterical patient is more resigned to, more comfortably satisfied with, her contractures than a normally minded person would be, although she may always declare that she is greatly troubled about them.

Vaso-motor spasm and paresis have been suggested by Bastian and Savill as accounting for certain symptoms. Savill found that hysteria "consists of an instability or undue irritability of all the nervous and reflex centres throughout the body, and particularly those of the vaso-motor and sympathetic systems, while hysterical paralysis or tremor, and many other hysterical phenomena hitherto unexplained are produced by vascular changes in the nervous system and elsewhere." He further admitted that emotion, as a determining factor, may set in action the irritable vaso-motor machinery. Robinski, on the other hand, believes that symptoms of hysteria are implanted wholsesale by

physicians and by the patient's friends. Ormerod objects "to making suggestibility the sole canon of hysteria." He is undoubtedly right when he also reminds his readers in these words: "That we all know people who are gullible enough who are not at all hysterical; and, on the other hand, many hysterical patients are not particularly open to persuasion, at any rate when you try to remove their symptoms that way, whether in hypnosis or out of it." As a matter of fact, all these authorities are right; but none so right as Janet, when he attributes hysterical defects to "feebleness of mental synthesis," which Ormerod says "has to be inferred and cannot be directly observed." My reply to the latter is that it can be observed very decisively and clearly by the physician during treatment by induction of the subconscious.

PHOBIAS

It might safely be stated that whenever you have to deal with any degree of psychasthenia you will find phobias of one kind or another; and if psychasthenia gives rise to phobias, so also do phobias give rise to psychasthenia. On the one hand, there is a weakened nervous system favourable for developing phobias; on the other hand, shocks and frights so affect the nervous system as to render it inordinately sensitive towards anything which might have the effect of a neuron trauma, so much so that the person becomes possessed and obsessed to an extent which finally makes him psychasthenic.

Conceiving the possibility that injury may be inflicted by an act or circumstance has an effect upon the sympathetic nervous system. In order to create an instant defence, even non-reasoning animals when in fear of injury will exhibit exemplifications of almost synchronous connection between sensory stimulation and reflex power of movement in limb and skin. Human beings are far more susceptible than animals, being able to think rapidly and intensely upon the sudden perception of sensations; hence their reflex sensations, movements, and thoughts are magnified, according to the acuteness of their intelligence. Therefore we are prepared to find reasons for such classic phobias as agoraphobia (fear of open spaces), claustrophobia (fear of closed spaces), amaxophobia (fear of carriages), batophobia (fear of heights), zoophobia (fear of animals and insects), and others. These phobias manifest themselves chiefly through the emotions, as they affect the viscera, skin, and glands. Just as in cases of hysteria, we shall find a history of nerve strains, shocks, and traumatisms, which may have been lost to memory amid the innumerable confusing streams of thought during the subsequent years while the victim has been concerned in the ordinary affairs of life. Whether the patient is able to recollect them will depend largely upon their nature. There may, moreover, be a particular reason for their being forgotten. As a rule, sufferers from phobias can give no cause for them; induction and analysis will, however, almost invariably bring the original shocks to mind.

Agoraphobia.

A common idea underlying this phobia is that of insecurity, giving rise to an impulse to catch hold of something, or to obtain help of some sort. Some patients conceive a notion of falling down through space, or of being hurt, while there is nothing and no one to help them. This arises from some instance which has usually occurred in childhood; for example, a child in the fields or on the highway, absorbed and interested in something, may suddenly have found itself alone—may perhaps have been left picking daisies in a meadow, to realise that its companions have gone home.

Patients who suffer from phobias of any kind have, as a rule, been nervously sensitive from birth. It may be possible for a terrifying experience to generate a phobia in a subject who has always been quite robust, but this must be very rare. As an example of such a case, I may mention that of a man, twenty-nine years of age, who was sent to me suffering from agoraphobia, which had become so aggravated that he could not walk across a small market-place; he had even some difficulty in getting across a street. He had previously had no nervous troubles whatever, and his family history was clear mentally and physically. His phobia had gradually become worse over a period of three years. It had arisen from a vertigo, which was caused by astigmatism, and, although this defect had been treated by suitable glasses, which had cured the

vertigo two years previously, the fear of going into open spaces had continued to grow upon him. He had forgotten the vertigo; treatment and analysis enabled him to remember it.

A variety which is contradistinctive, but sufficiently of the same nature as to justify its consideration under the heading of agoraphobia, is fear of crowds. Cases of this kind can readily be analysed; they usually result from being lost in a crowd during early childhood. The case of an auctioneer may be mentioned, who broke down in health and found himself getting into panics whenever he had occasion to enter an excited assembly of men. I found his earliest dread had been experienced when, as a child, he had been with his mother to a circus. The mother, on leaving, having several children with her, missed him in the crowd; he was found some minutes afterwards in a screaming panic, some strangers having taken charge of him.

It had better be clearly borne in mind that traumatisms, or painful experiences, tend to develop others, and this is particularly the case with phobias; thus we have an additional reason why original shocks are so often lost sight of. The fear often undergoes an extension, until from referring to crowds it embraces the particular conduct of the patient when in a crowd: many patients as they grow older will retain the fear of crowds, but will develop additional anxious notions as to what precisely they will do when in difficulties. "It is not so much the crowd," a patient

will explain, "as the idea that I shall make a fool of myself." In the case just referred to, the patient became excited when in a crowd, and felt that he must scream aloud. Repressing the latter impulse caused him to fall down "in a swoon," making a scene, and having to be carried out. He further developed a feeling of annoyance, and became distressed because he had a growing inclination to lash out and hit somebody. Consequently he dared not continue to risk encounter with crowds. Re-education of his nervous system gradually restored his confidence and composure, and he was able to resume business with greater success than ever before, for at the best, in the past, he had been working under some indescribable difficulty.

I have found a number of phobias to be originally caused by practical joking in childhood. Nursemaids will purposely desert their charges, hiding behind trees to enjoy their panic. Children are sometimes dangled over heights or forced to lean over parapets, etc., in order to frighten them, by spiteful and almost criminally disposed persons, apparently just for the fun of the thing. I can recall the case of a boy who would have been an incurable invalid for life, perhaps to the extent of insanity in time, had he not been properly treated; his condition was caused by a servant slamming the door of a lavatory and bolting it upon him, in order to annoy him.

Some cases of agoraphobia have originated in experiences which have resulted in feelings of shame

or dislike on being looked at. For example, a man, thirty years of age, was sent to me suffering from the fear both of crowds and of open spaces. He got into a panic if he could not readily get behind something. I found the cause of his trouble to be that he had vomited in a crowd when a small child, on which occasion he was stared at, and could not hide from view, fearing every moment that he would surely make another hideous exhibition of himself. Another case illustrates how the same sensation had finally created reclusive tendencies. In this patient dyspepsia was very pronounced; unaccountable and unexpected vomiting was daily anticipated, making him entirely unfit for any occupation. He only felt fairly happy while wandering in country lanes. A curious point about his case was that he had never actually vomited after the original painful experience, from any cause whatever, not even in a bad sea when crossing the Channel. Indeed, he never remembered having vomited in his life until treatment and analysis revealed the single instance of childhood. He always took good care to go nowhere unless certain that there would be a place to which he could retire at need.

Treatment should correct erroneous ideas in the subconscious, abnormal impulses being negatived by positive assurance, various kinds of indirect encouragement being given in order to stimulate energy in the right direction through emotional conception. Simple, plain, correct thinking should be learned by the patient from instances of such given by the physician,

while open-hearted composure, confidence, and steadiness under all conditions, should be inculcated as a constant virtue. Tests should be imposed from time to time, with exercises in post-inductional fulfilment—such as the injunction, for example, that when next requiring to post a letter the patient himself will deliberately choose the difficult way, and will be proud that his will-power has so prompted him. The injunction should be so often administered that if not forthwith fulfilled it will weigh upon the mind of the patient for future fulfilment, each failure under appropriate encouragement only serving to make him more firmly desirous of success.

A very good plan to adopt in very obstinate cases is this: Ask a patient to state just exactly what he thinks will happen to him under difficult circumstances; get him to describe the worst fear he can conjure up in his hyper-imaginative mind. Then surprise him (after a few treatments) by offering to go with him into a crowd or across a market-place, in order to observe the dreadful result. Nothing, of course, will happen as he anticipated. Then implant in his subconscious collection of experiences, through emotional appreciation, this proof that he was wrong, as a new conquest, to which others will soon be added. While it may be conceivable that an attack of some sort might possibly occur if the patient were alone, I have never known one to occur during a test if he were accompanied by the physician who was teaching him. Under such circumstances he may complain of illness, and may

endeavour to appear afraid, but an experienced observer will know how to detect the semblance from the full reality, and will deal with it accordingly in future treatments. The absurdity of occurrence while the patient is alone may then be emphasised to the subconscious. I have many times seen pallor in the faces of patients during a first test, but never on a second occasion.

Recollect that there are no royal figures of speech which will cure any of the phobia cases. They are certainly not to be won by any kind of specious artifice. On the contrary, any deception will be likely to make them worse. Most phobias are bad habits of thought and perception, of many years' standing, and only weeks of re-education will eradicate them. All the supraconscious appeals which the cleverest debaters could devise and express in chorus would not only fail to produce any favourable result whatever, but would probably have the very opposite effect, making the patient more uncomfortable than ever, and inclined to cease to converse with any stranger.

Some patients are afflicted by the fear that they might die in public; and they will not go into open spaces or among crowds lest their sudden illness should "make a scene." Others are afraid of crowds lest they should be attacked by some terrible and indescribable seizure, the originating cause being some occasion in childhood on which they witnessed an epileptic fit. In one case for twenty years the word FIT was seen in the coal-flames of the fireplace; this was found,

upon analysis, to be an explanatory word which had been spelt out by a nursemaid who had accompanied the child when the latter had seen a man struggling and making horrible faces in a fit.

Claustrophobia.

Though in many cases the seeds of this disorder have been sown in childhood, after the fashion explained when considering agoraphobia, quite a number of cases have originated in heart panic, which makes the person anxious to find someone who can give assistance, often feeling absolutely beside himself with fear. Having once experienced such a shock, a person sensitively constituted will avoid a railway carriage as though it were a death-trap. It is the sympathetic nervous system which is mainly affected in this as in every kind of phobia. Once the system has received a shock of some severity in childhood, it seems ready in future to respond to the slightest suggestion or sensation that the experience might be repeated. In most of the severer forms of phobia, patients almost invariably complain either of cramping, painful, sickening sensations in the region of the stomach, or of heart distress and palpitation. They not uncommonly turn pale at the very mention or thought of a recurrence of the dread experience, showing how deeply the original thrill has penetrated. It follows that any sufferer from claustrophobia is relieved when he knows that opportunities for escape exist should he, more or

less of necessity, be temporarily shut in anywhere. When going into a room it is likely that the first thing looked for will be the doors and windows, while the fastenings of the doors also may be observed. In amaxophobia the patient is comparatively happy in a corridor compartment, where he can get to other people if afraid. In many of these cases the originating dread has been complicated by an awkward and sudden desire to visit the lavatory of the compartment, at an early age.

A good plan to adopt in the training of this class of case is to induct the patient to remain in sub-conscious rest in a room by himself. Usually he will at once declare this to be impossible. In one instance a man assured me that he would run out of the door immediately if I left him alone, and, with a rapid conjecture, he followed this up by saying: "And if you lock the door I shall be out of the window, though I know quite well there is a deep drop into an area." He had divined the existence of an area from the formation of the upper portion of the building outside, which he had rapidly scanned as he looked out of the window on entering the room. He was, however, quite cured of all this urgency in one sitting. I told him, after induction towards the subconscious, that I should remain with him on this occasion, but that he would be quite content to be alone on the next.

Many patients who suffer from phobias are quite content to continue disordered, notwithstanding the advice of friends that they should seek a cure.

They have become so accustomed to arousing interest by narrating their peculiar experiences that they will reluctantly part with these individual attributes. When diagnosis reveals the fact that they are only lukewarmly anxious to become normal, induction is so applied as considerably to augment their desire to be cured, by creating emotional shame or by pointing out, for subconscious realisation, the greater advantage of being like other people.

A patient was sent to me suffering from phobias in whom analysis revealed a history of nervous shock at a time when he was overwrought in connection with some Stock Exchange transactions. I found that he would rather continue to put up with the phobias than get well enough to return to city life. There are patients who become so accustomed to looking for sympathy that they would rather put up with the phobias than become less interesting. There are more advanced instances still in which the patient will so hanker after "negative circlings" that, failing to get enough out of his usual phobias, he will argue that his worst fear is that he is in danger of becoming insane. A patient of this class remarked: "The biggest trouble I have is the knowledge that I have phobias. I should not mind the phobias themselves; I have got used to them." In another case, the patient actually declined to leave off troubling about them, advancing the argument that though she no longer had the dreads for which she originally consulted me, she was even more distressed that she should still continue to imagine that she had

them. *All such patients should be finally treated by insisting that there shall be a ruling out of all reference to the subject either to the physician or to anyone else;* they should be told that it will be more and more difficult to speak of them. They will first cease to speak of their "negatives" to the physician; this reticence should then be extended to all and sundry, but it will usually be necessary to find out whether reference to the subject to other persons has really ceased before concluding that a cure has been effected. If there is any leakage the third party must be brought forward so that the falsehood may be exposed, to the discomfiture of the patient. If a clear instance of disobedience, with the ensuing discomfiture, be emotionally realised by the patient after a very serious accusation, this will usually dispel all tendencies of the kind in future.

Sympathetic emotional traumata require to be treated by an induction which re-educates the sensations, causing them to regress along the paths by which they came into being. But I strongly advise that no antipanic should ever be devised to correct the original; this procedure would probably result in setting up yet further nerve-strains. Calm, strong and deliberate measures should in all cases be adopted, indirectly as well as directly, all such measures being designed to relax any constraint or difficulty of thought which may exist in any connection, as well as all distresses of retro-reflection.

Fear of Heights.

Great heights arouse unpleasant feelings in most normal people. They cause thoughts as to what would happen should a fall occur. A "shiver" of fear sent through the sympathetic nervous system of a child, if severe, may implant negative sensations of a permanent character, especially if undue sensitiveness has existed from birth. Later in life a temporary loss of tone provides a favourable soil. Those who are not permanently affected are more robust as to their nervous constitutions, being able to break away from any spell to a normal sense of security, once they have had time to reason things out. Normally a person may feel a momentary shock, but he will very soon correct this by the thought that such and such is really safe. The steeplejack is a man who is so intent upon his work, and the payment he will receive for it, that he is able to concentrate his mind on what real security exists, as he has good reason to see and to know it, feeling it all the time under his foot. In time he becomes quite accustomed to relying upon it in practice; he is thus in no mood for being afraid at any time.

In treating this phobia it is useful to get the victim to perform an act which is of such a nature as will divert his thoughts, while it is at the same time opposed to his prevailing dread. A patient sent to me by a distinguished consultant had been suffering from nervous breakdown. Among various other dreads he was incapable of going down ordinary flights of stairs;

this had gradually developed from a fear of great heights, until any steps at all were distasteful to him. He would only sleep on the ground floor of a house; he would not attempt to patronise hotels which had no ground-floor bedrooms. "Negatives" had encircled him until his life was hardly worth living. In treatment his condition of general nervous shakiness was first of all steadied by induction, so that his insomnia and dyspepsia should become less aggravating, while some sort of general hopes were engendered. Then variations were suggested in his walking exercise, until a bigger test seemed indicated. He was instructed in the presence of his wife to assume for the occasion that she was ill, weak, and afraid of steps. I expressed my wish that he should take her to the top of "Jacob's Ladder" (a well-known steep flight of steps) and help her firmly all the way down. She was to pretend that she was helplessly afraid throughout, making the fiction appear as real as she could. After all this had been clearly explained, the man's interest having been trained by induction, the two went forth and accomplished the task with the greatest success. Going alone down the same steps the next day, he gradually gained his confidence, and in a few weeks was perfectly well in every way.

Various other Phobias.

A very curious phobia came under my observation among the complaints of a patient who was sent me for analysis. He could not carry anything in his

hands. He felt obliged to drop whatever he tried to hold for more than a moment. This affliction became serious, because it hindered his progress in employment. At length he became entitled to a junior partnership by reason of seniority, being very capable in other respects. In his growing distress he thereupon grew afraid of his disability, thinking it would develop into "mind weakness," and so put a full-stop to any further progress in his career. His phobia extended to a constant fear lest he should be asked by anybody to carry anything. Analysis proved the trouble to have originated from an occasion in early boyhood when he was obliged to put down a box he was carrying because he felt his nose was running; he was afraid lest others should notice the fact. He explained that for a long time he had been able to carry certain things *in one hand*, so long as he could get the other up *merely to touch* his nose with his fingers, even though there was no nose-running to attend to. He had later gone to the length of refusing to carry anything in either hand, in order to prevent his ever being asked to carry things in *two* hands. He hated being asked for explanations. He could offer none. Five years after the initiating instance he would consent to carry for his mother only, knowing he could easily put his hand to his nose *en route* without having to explain anything. For years he had never known any *real* necessity for a handkerchief when required to carry anything. Had he been supraconsciously compelled to conquer the disability, he would doubtless have

developed other "negatives," probably far more serious.

Inordinate dread of insects and certain animals seems easy enough to understand. Analysis finds each instance to have originated from a shock or scare while the general health was below par, or when the nervous system happened to be suffering from a sustained strain. The idea that patients may be so susceptible that they can tell when certain things are in the room, such as a cat or a spider, while ordinary people cannot, has been greatly exaggerated. It is true that some people may possess an unusually acute sense of smell, as well as other highly cultivated powers of discerning signs and symptoms of the presence of things they dread, but there is nothing in the way of occult faculty, divination, or clairvoyance about these cases. I cordially agree with Sir Ray Lankester, who writes that all this "cat and spider sense" is utter nonsense. I have this explanation to offer: The victim having been at some time below par, perhaps long ago in childhood, has been scared, or has been deeply influenced in some way, beyond the normal, by a scent, sight, or sudden noise which indicated the presence of something; this has created an emotional shock because of its momentary objectionableness, which in turn has caused a particular alertness in the special senses. The result is that things dreaded are in future really subconsciously detected, while the supraconscious mind will not be able to explain how they are detected. Subsequently, questions regarding this strange power

produce an increased subconscious tendency to look for the objectionable thing, so that the capacity for discovering it is more definitely than ever dissociated from the power of explaining to others why the patient is able to distinguish its presence. Such dissociation may even give rise to untruthfulness in the individual, who may have actually and supraconsciously seen that an object was present, yet will declare that it was impossible for him to have done so.

Fear of animals and insects may also be associated with sexual sensations. For instance, a man loathed dogs and cats; he fell ill when he saw them. He was sent to me as a case of psychasthenia. Analysis discovered the sexual factor quite close to the surface. It was found that the dread of these animals was associated with sexual sensations. The latter he hated because he thought they were injurious to him. Having once felt a sensation of sexual excitement when stroking the fur of a cat, and having been informed later on that seminal emissions caused "brain-sapping," he had developed such an increasing fear of cats and other small animals that he began to avoid going out of doors. Later still he gradually came to imagining that animals were monsters and devils. Suicide then came into the range of his thoughts, coupled with the inverted idea that he must actually go and look for the very things which he had formerly conceived to be so terrible, as though to take a last look at them and die.

This was a very interesting case; it was found that

there was dual and conflicting thinking going on, governed largely by sexual incontinence. He reached the stage at which he hated and yet desired, reminding one of the moth and the candle.

Fear of certain kinds of food is not an uncommon phobia, caused by some sort of illness; it is often established in childhood, after eating something which has disagreed. The worst case I have seen was a man forty-eight years of age who had burnt his mouth when six years of age by inadvertently drinking from a bottle containing acid which he had reached from a shelf. The presence of food caused pain in the mouth for some days afterwards, and, being nervous, he grew permanently to dislike those things he had attempted to eat while in pain, until he gradually brought other kinds of food into the same category. At length he reached a stage of great emaciation and weakness. Neuroinduction gradually restored him to normality after a period of several months' training.

There are many other phobias and varieties of cases. I cannot deal with all. I can only afford space to give certain illustrations, in order to substantiate the theoretical aspect of the problems, and to introduce a few points in connection with such afflictions, a knowledge of which would seem to be useful and important.

The reader will remember that in cases of constipation, enuresis, and many other nervous disorders, the more pronounced the degree of the disorder, the more easily is the cure effected as a general rule, and the more rapid is the result. One of the worst cases of

phobia I have ever treated made the most marked recovery. The patient was a young man who could not be left for a moment, night or day. He would not walk a yard out of doors without a companion. After cure he asked me to recommend him for the army: I replied that I did not feel able to do so. The next I heard of him (a few weeks later) was that he had obtained a commission in the army. Later he joined a more combatant corps, and finally he applied for a position in the flying corps.

Epilepsy.

Where there are nerve storms of any kind neuro-induction will serve to alleviate them, either wholly or in part, provided any intelligent attention on the part of the patient is at all possible during the periods of calm. This has been, and can be, demonstrated, in respect of all grades and shades of "nerve storm," from bad temper to *haut-mal.* It is true that if the induction be inexperienced and inadequate the very opposite of favourable results may be obtained. Again, if the epilepsy be organic one may get no result; this may lead some authorities erroneously to conclude that in all cases of epilepsy the very best kind of psycho-therapy will be unavailing. Also, if a neurosis belong to one of the hopeless insanities, psychotherapy may, of course, fail.

The benefit conferred by psychotherapy in epilepti-form conditions (as, indeed, in cases of bad temper also) is quite sufficient to compel the expectation that we

should obtain some degree of positive result in cases of *haut-mal*, And instances go to confirm the supposition. A lady was sent to me suffering from an average of 150 fits a year. She was in every way extremely difficult to treat, her temperament varying from mere morose obstinacy and irritability to maniacal attacks of such violence that only very large doses of bromide could appreciably assuage them. Loss of memory and considerable dementia also existed. Psychotherapy soon worked wonders: the patient's bad temper rapidly diminished, and she gradually altered for the better in every respect. Nor was this altogether to be wondered at, inasmuch as induction enabled her to feed without swallowing her food whole, as she had been in the habit of doing, and to accept reasonable guidance in many ways. From being so demented and incapable that she was not able to do anything by way of employment, nor to converse excepting in monosyllables, after three weeks' treatment she was able to read and to conduct a conversation quite satisfactorily. In six months the fits had diminished to one a month. No medicines of any kind had been administered.

There can no longer be any doubt whatever that epilepsy is a disorder which tends to make itself, and to do so all the more rapidly once there has been a fit of *haut-mal*. In many nervous disorders the patient's knowledge that certain attacks occur is apt to make them occur, in the weakening of natural resistance which is thereby entailed. Psychotherapy

has proved in my hands that even diminishing the fear of fits will render them less liable to occur. All this one would naturally expect. But let me give the instance of a patient whom I taught how to prevent her own fits; and this method I strongly recommend as one likely to prove of the utmost value in the treatment of epilepsy in future. The patient was one who could never distinguish any warning whatsoever that a fit was impending. In subconscious training I clarified her thinking and co-ordinating powers, and made her happily observant of herself, in a mood of hope, begotten of the benefit so far derived from the treatment she was undergoing. I educated her not to look out for any abnormality, but to distinguish calmly any sensation which might occur that seemed unusual; when such did occur she was immediately to go and lie down. The result was that on one occasion she even entered the garden of a private house, in order to lie down on the lawn, having "felt queer" when out on a shopping expedition; in this way she prevented a fit from developing.

In course of time the patient told me she was much less afraid of fits, because she now felt able to stop them. The consequence was that apart from the feeling of being able to stop them, the prodromal sensations themselves occurred far less often, until only very unusual worry would produce them. Later on nothing would produce them. But the reader will meet with the very counterpart of this rationale in the treatment of other nervous disorders as expounded in these

pages, so that there need not be the least surprise at the attainment of such results in epilepsy.

In our studies we must not overlook cases in which the brain is so constituted from birth that the fitful functioning of certain organs will necessarily be manifest; as, for instance, the heart. Now, while even this organ can to some extent be favourably affected by psychotherapy, as will be seen in a later chapter, it may happen that it is sufficiently influenced by the central abnormality to produce a rapid toxæmia; this may come into play as an arc of "negative cirling" which cannot be influenced sufficiently in a positive direction by psychotherapy, constituting such an advanced development as is incurable. In one of my cases everything could be dealt with favourably excepting the heart, which could itself be somewhat better regulated, but not entirely governed. It is fair to add that in this case there were pronounced stigmata of degeneration, including cranial as well as facial asymmetry.

Many cases of epilepsy exhibit a tendency to eat voraciously on occasions. Now, nothing can alter the vagaries of tastes and impulses of various kinds so readily and surely as neuroinduction. In one instance I completely and permanently cured an epileptic patient by dieting and regulating the appetite alone, under subconscious direction, having found that the fits always followed occasional impulses to eat quickly and largely, the patient having been found by previous observers to be absolutely impossible to control in this respect.

I do not hesitate to warn the reader that if the technique throughout is not a sufficiently wise one unfavourable results may possibly follow. The first occasion of an interview or of treatment may be an exciting one for an epileptic: a fit may follow—nay, I can conceive that it might occur during the very first interview with the physician. But this would not indicate that psychotherapy must prove of little value in this particular case. I have never known a fit to take place during treatment by subconscious induction, or even shortly after it. From the first moment of commencing the relaxation the condition of ease induced cannot but be likely to prevent any sort of "nerve-storm."

Now I ask the best of all physicians what is his rationale and method of treating epilepsy, leaving out of account plain commonsense measures directed against "negative arcs"; he will probably reply "Bromides; nothing to beat them, in one form or another. They just diminish the number of fits; that is all that can be said." At the same time he will be prepared honestly to own that they have great disadvantages in serious cases. They are like narcotics in insomnia; they must to some extent poison the patient to do him any good.

EPILEPTIFORM SEIZURES, VERTIGO, ETC.

Vertigo will benefit from psychotherapy whether it be of the cardiac, epileptic, gastric, laryngeal, psychasthenic, aural, or ocular variety; the treatment

will act both directly and indirectly, chiefly the latter.

Here is an interesting case to study; one which not only presents instructive features of its own, but which will enable the reader to draw useful conclusions when considering the varieties of vertigo.

A clever city business manager, twenty-six years of age, was sent to me complaining of vertigo and other sensations, which had been diagnosed as incipient epilepsy by three medical men and as dyspepsia by another. All three had failed to cure him. He had received medicines, and had also been advised to take a holiday; these measures resulted only in a slight alleviation of the symptoms. He had also consulted an oculist, who found astigmatism. The wearing of glasses made things a little better for a time, but the trouble recurred, until it had become as bad as ever, and its frequency was now greater. The disorder had commenced twelve months previously, when the patient felt his head and body turning to one side. Cold weather increased the vertigo. His sleep was not good. Occasionally he felt inclined to faint. On beginning to walk anywhere he felt unsteady. Worry about his condition was fast making his whole state worse.

The patient had no bad attacks for a week after the first treatment by suggestion. A slight "sensation" was perceived before attending for the second treatment. On the third day he was clear of all abnormal sensations, and this went on until the

seventh day, when he was again troubled by a slight sensation.

An analysis was now undertaken, which revealed several intentions to commit suicide on learning that the disorder was epileptic. The patient had told others to take his razors away, and had bought a safety razor. After the third treatment he bought ordinary razors again, liking them better than the safety pattern. Analysis became quite easy as the mind cleared. In two weeks I dismissed him as being quite well and likely to remain so.

After ten weeks' absolute cessation of trouble the attacks began again, for no reason that he knew of. Again he felt his head turning to the right, and he was also conscious of an inclination to walk towards the right. On walking with others he felt unsteady, but he did not think they were aware of this. He always chose the right side; later on he preferred to walk alone rather than explain his difficulties. Later still he feared collapse; he had to "make" himself go anywhere. Though he now believed that psychotherapy was not a lasting treatment, he nevertheless called again upon me in order to explain matters—fortunately for him. This time he complained that he felt as though he must "roll" when walking.

The return of *any* patient treated successfully by psychotherapy being so very rare, I viewed the case at this stage with all the greater interest. I asked the name of the oculist he had consulted. I sent the patient back to him. Alteration was made in his glasses. He then went to watch a football match with

the new glasses, after having obtained firm assurance that they were correct, but he collapsed on the ground. I therefore reapplied psychotherapy. He had no more trouble after two more treatments, and is still well after a couple of years.

This was probably a case in which epilepsy was threatening to develop, owing to (*a*) astigmatism, and (*b*) an abnormally sensitive nervous disposition. Psychotherapy cured the man for a time, notwithstanding an astigmatism which was not properly corrected by glasses. We have thus an instance of recurrence of trouble due to the persistence of a "negative arc" of a provoking nature. Correct glasses did not of themselves cure the condition, but in conjunction with psychotherapy they did so. Some might say that the glasses alone would in time have effected a cure; yet, again, they might not have done so, for the patient had lost faith in everything. Worry would probably have fostered sensations of insecurity, to be followed by other "negative arcs." The case well illustrates the rule that when once a patient has been cured, even temporarily, by psychotherapy, the treatment is far more prompt in its effects if it should be again required. I am inclined to believe that this patient would have become very seriously disordered had it not been for the application of psychotherapy. He was on the point of losing his post as manager of a large business concern when he saw me first. He feared this result even more immanently upon the second occasion.

SOMNAMBULISM AND NIGHT TERRORS

Such disorders are occasioned by the adventitious discharge of neurone energies during ordinary sleep. They belong to the region of the subconscious; their connection with the supraconscious is usually but not always completely severed. A neurone instability has been produced at some period or another by nervous stresses or shocks which have affected the subconscious and the reflex processes; ideas are generated which break through the ordinary state of sleep. These conditions may well be postulated from the following details of an interesting case:

A girl, twenty-five years of age, was sent to me on the advice of the late Sir Francis Cruise, after he had conferred with Dr. Lloyd Tuckey in order to ascertain what should be done with her; her case had defied all efforts over a period of ten years. She suffered from somnambulism to such a degree and of such a nature that nobody was safe with her, in that she would dangerously attack even her mother if the latter interfered with her when she wandered out of bed; on these occasions she would scream and fight anyone near her with a power that seemed superhuman.

Her health had always been good. "She never was a day sick from anything," her mother declared. A strong, powerful, tall young woman, she was very amiable during the daytime. She had given no trouble until twelve years of age, when menstruation commenced; this was scanty and caused headaches.

Almost every night, about twenty minutes after going to sleep, she would spring up and scream; then, on someone coming to her, she would attack them dangerously and fight until exhausted, afterwards gradually quieting down and going to sleep, awaking in the morning astonished, and crying because she felt sorry, being quite innocent of having hurt anyone, the victim being usually her mother. After a bad night she would feel dull and out of sorts during the day, looking, at times, worried and overwrought; after a more favourable night she would appear in robust and happy health again. Sometimes successive nights were unusually bad. Most of her nights had been bad for some months before she came into my care. Such was the history given. Her health had suffered severely at intervals while under certain treatments and restraints which had been deemed necessary under the stressful and extremely difficult circumstances. It had been found necessary to tie her in bed every night for months on end.

Gradually, over a period of a decade, the complications had become worse, having developed from plain sleep-walking. This itself Sir Francis Cruise cured by hypnotic "suggestion," which he had applied three times a week for nine months; synchronous with the gradual waning of the somnambulism the screaming and fighting developed by degrees. I imagined from this that the hypnotic suggestion had been of a direct nature, and that the disordered impulses changed in character because only the sleep-walking

had been stopped. The results of the *indirect* treatment which I adopted in this case also suggested as much. I merely offer this hypothetical explanation in a broadly defensive attitude, in case any reader should at this stage argue that treatment by suggestion was apparently of little use in this case. I had no evidence as to how Sir Francis had applied his treatment, beyond the fact that he employed hypnotic suggestion.

I placed the patient in a cottage under day and night nurses, for though able to walk about alone and enjoy life in the daytime, she dared not go out in the dark unaccompanied. I found that even towards sunset she had slight hallucinations of seeing people under trees and of being clutched at the back of the neck from behind.

I decided that I myself would sit up in a room adjoining the patient's—at any rate on the first night—not only in order that I might render immediate assistance in the event of any disturbance, but because the case was a somewhat terrifying one for any nurses, yet chiefly because I wished to study and treat what seemed a unique case. As a precautionary measure I fastened the patient's wrists in a particular manner that was not uncomfortable, she being only too amiably willing, knowing how violent she was reported to be. I decided to commence treatment before she went to sleep, though I much wished to see just what would happen without treatment. She proved an easy patient to treat, and quickly went into an ordinary

sleep from quite a superficially neuroinducted relaxation. I did not aim at perfect undisturbed sleep, for I had the pardonable desire to see just what would happen at this stage, feeling sure that the patient would now be controlled with comparative ease in any case.

Thirty-five minutes after leaving her, while I was sitting in the adjoining room, there was a hasty momentary muttering, which subsided; five minutes afterwards there was more muttering. I was beginning to think that there would probably be no more than this, as a result of the steadying effect which even slight induction toward the subconscious usually produces, when I heard a great thump, which sounded as though a prodigious weight was being hurled about the room, and a hideous scream rent the quiet of the night, followed by sounds of the most desperate struggling. I shot into the room, and found the nurse under the clothes, in an adjoining bed, petrified with fear. The patient had in an instant leaped out of bed, and in one effort had dragged a large double bed across the floor of the room toward the window, by means of the webbing secured round her wrists and fastened to the bedside. I caught her just at the end of the main struggle, when she could get the bed no further than the window, and, while she was still tense and trying to do more, I put my hand on her forehead. The association between my touch and the words previously spoken to her in neuroinduction served immediately to relax all muscular and mental strain. I then helped the nurse to pull back the bed; the

patient was then unfastened and led to the side of the bed, into which she rolled. She fell asleep again in a few seconds, after I had told her she need not worry about anything, that all her thoughts would be as easy as they were at the moment, and that she had nothing to fear. She continued to sleep through the night without any further disturbance.

She was under my care for a month, and from the first night never had more than a sudden rising up in bed to a sitting posture, lying down again at once, probably on account of an auto-correction which entered her mind, immediately following whatever disturbing thought had occurred to it. The nurse reported that she sat up in the same manner on two further occasions during the first week. She also twice called out "Mother" in the third week, but at once fell asleep again. During the whole of the fourth week she was perfectly well in every way. She married and became a mother.

CHOREA

It is generally accepted that a uric-acid diathesis somehow provides a fruitful soil for chorea. Whatever truth there may be in this theory, I am bound to study chorea in the light of an amended psychology, and as one who has profited by the teachings of psychotherapy. Take the case of a girl, eleven years of age, who was brought to me as having suffered from chorea for six years, during which time she had been ordered various treatments by medical advisers. She

was thin, pale, irritable in disposition, and had hardly received any education on account of her weakness. In two sittings I not only stopped all choreic movements, but there followed such a general improvement in health as made it almost appear as though there had been some magical influence at work. Her dyspepsia and insomnia cleared up, her appetite became normal, and in a week or two she gained weight and exhibited a good colour in the face.

It is perfectly obvious that in this case the disorder was merely functional. Doubtless uric acid had been a factor in its causation; but might there not have been some neurotic sensitiveness which had conduced both to the rheumatism and the chorea, which psychotherapy reduced to normality? We shall answer this question more fully in a later chapter, especially as regards the uric acid, which might *at one time* have been a factor, and which had been eliminated by previous medicinal and hygienic treatment, leaving the nervous factor to continue its fostering of a "bad habit."

We may now consider the lessons to be learned from a case of a different variety. A man suffering from psychasthenia moved all his limbs jerkily and spasmodically, dropping cups, and making movements which were indistinguishable from ordinary choreic movements; at all events, his family attendant and a consultant noted irregular, spasmodic, and, as they described them, "choreic" movements. Two or three treatments which steadied the subconscious mind

entirely cured these movements, the patient being able to lie comfortably in bed, using his hands, arms, and legs in quite a normal manner, if somewhat feebly. Although the movements had for months been strongly marked, this patient never suffered from them again; but also in the other respects his case proceeded to complete cure.

The most advanced forms of tremor, including instances in which certain articles cannot be held in the hand, the tremor increasing the longer the attempt is made, are easily cured by one or two treatments of subconscious induction, provided the complications are not too severe, as may well be imagined from the study of cases of phobia already considered. Cases are not uncommon in which people will avoid drinking at meals because they cannot lift a glass or cup without trembling and letting some spill over. Some will not accept invitations to dine out on account of discomforts of this nature. It is interesting to observe the astonishment with which they are able to hold a glass brimful after one treatment, hardly believing their own eyes as they note their own steadiness. I remember a male patient of twenty-eight who kept on staring at his hand, expecting the usual tremor to occur, almost as though he was trying to *make* it shake after such a sensational negativing of his symptoms, but nevertheless failing.

I require no further substantiation of my contentions in this chapter than the words of a great authority on chorea and its treatment. He believes it "to be

always rheumatic," and he always administers sodium salicylate. He writes (*British Medical Journal*, June 14, 1913):

"The child who becomes the subject of chorea is usually nervous, excitable, and imaginative. She is easily frightened. At school, though by no means a dunce, she lacks concentration of thought and perseverance. Her attention wanders from the work to the creations of her active mind. It is easily diverted by all manner of extraneous and trivial circumstances.

"As evidence of the ill-balanced and hyper-excitable mental state is the frequent occurrence in the history of the same child of such functional errors as night terrors or day terrors, somnambulism, eneuresis, nervous diarrhœa, and tic.

"The mental state when the chorea is readily recognizable is usually ill-balanced and the emotions are beyond control. It has been aptly likened to April weather, sunshine and shower alternating in quick succession. Tears flow as part of real distress, for which there is no adequate reason or perhaps no reason at all.

"A very astute physician, so I have been told, once said that one of the most dangerous attributes of chorea is its treatment. While it is active, rest both to body and mind is essential. All occasion for excitement or fear should be carefully avoided."

I cannot but consider that all these data constitute ideal material for the psychotherapist; and I do not think I am too enthusiastic. It is true that I should also find pleasure in introducing suitable chemical medicaments and dietaries which might help to control the uric acid factor, such as any other rational therapeutist might agree to: enthusiasm is not going

to drive me to unwarrantable extremes, either in one direction or the other; but neither do I intend to allow myself to be blindfolded by empirical usage in the study of any disorder whatsoever. I have enjoyed too many years in general practice for that. Again, I have a perfect right to take up a firm position with regard to any disorder, and to advance theories and recommend practices which elucidate cause and effect, if only because they will help in the exposition of the general argument.

Tics

These psychoneuroses are so well known to be amenable to favourable treatment by psychotherapy that very little more need be written about them.

The worst case which I have to record is that of a lady who had mental troubles impossible to alleviate. I obtained an improvement which sufficed to enable me to realize that a cure was possible provided that certain family difficulties and dissensions could be removed—which they could not be. A new husband cannot easily be found exactly to suit a difficult wife, even when the health may make urgent demands.

Difficult cases should be classed under the heading of psychasthenia. Some are as incurable as the worst cases of stammering and dipsomania, in which neither sufficient strength of mind can be brought about by any training whatsoever to enable the patient to appreciate the idea of normality, nor emotional tone enough to sustain the desire to get well. It is the

mental factor which is the most important in neuroses, rendering many more fit to be labelled psychoses, as we have seen in cases of neurasthenia. Treatment by psychotherapy would prove the latter statement to be true enough, even if nothing else could be found to substantiate.

Stammering and other Defects of Speech

Stammering commonly denotes conflict in dual cerebration; it is usually initiated at an early age by emotional distress and difficulty. There is first hesitation of thought. Later on the consciousness of the defect in action introduces another arc of "negative circling," and so on—for example: (1) Weak nerves, inherited: (2) emotional difficulty; (3) repeated hesitation of thought; (4) established disability; (5) worry and shyness; (6) worry caused by the prompting of others; (7) failure to reach a cure.

Many cases exhibit dual thinking to the extent of absolute and repeated falsehood; such will not be cured until there is better co-ordination in the subconscious plane. Exercises in enunciation and fluency, as commonly employed, will sometimes cure simple superficial cases; but if a fundamental error persists of the nature of a conflict due to auto-contraception in a state of emotional sensitiveness, there is likely to be recurrence and continuance of the defect, unless the case be treated by psychotherapy. I cured one patient of stammering by pointing out, plainly and kindly, that

both in his letters and in his conversation I had found contradictions (falsehood).

It is always true, throughout the whole scope of the direct and indirect effects of any treatment, that if you cure one arc of negative circling, this will be of the greatest assistance in the direction of alleviating others. A youth who is suffering from stammering, and is trained by simple exercises in deliberateness and accuracy of utterance, may have these positive arcs so well developed that other defects will be induced to move in the right direction. Thus he may readily be cured by teaching of quite an ordinary kind. But in certain long-established cases the trouble will be too deeply rooted for supraindiction to hold out any hopes whatever. In one of my cases the patient seemed likely to make a rapid cure until fundamental timidity and perversity betrayed themselves. Then the difficulty was revealed. He was afraid to get well because of what would be expected of him. He had got accustomed to such sympathy on the part of his mother as enabled him to enjoy a very pleasant and easy life under his affliction. Neuroinduction resulted in his becoming ashamed of his condition, and was instrumental in his wishing to get well in every way. There are some patients, however, who will not under any inducement allow themselves to become cured; their conviction cannot be shaken that they are very happy as they are. They come into the category of those who subconsciously do not want anything else but what they possess, and are not going to assist

in altering their state or estate. We shall meet this class of case again, among the sexual disorders. They may supraconsciously agree that their condition is unfortunate, and they may express themselves as duly sorry, but subconsciously they are adamant, in which demeanour they correspond to a person who will not receive suggestions offered in induction which are offensive or obviously harmful to him. A cure would be objectionable from their own particular inner point of view. It is extremely important that medical men—and patients themselves—should realize the existence of this class of very real difficulty, for it is one that may be observed in connection with several other kinds of nervous disability, notably in many cases of hysteria.

Let me draw a clearer distinction between the supra- and the subconscious flow of thought in many difficult cases of stammering. I induct toward the subconscious, and the patient now exhibits the power to speak at once and without hesitation. *This I have never yet failed to observe in any patient who can speak at all.* From this fact we learn that there may be three trends of thought in a patient under treatment: (*a*) That he can speak quite normally while undergoing neuroinduction; (*b*) that he does not want to speak otherwise than abnormally, notwithstanding (*c*) that the affliction is truly in certain respects a great trouble to him and others. In other words, a patient may not possess sufficient emotional desire to get well; there is conflict, therefore, in the subconscious, and the patient's reasoning may win.

Most stammerers can sing their words quite fluently, because the act of singing serves to link the words together for them. Again, if one directs the patient to speak while he taps the hand on some object at each word, one usually finds that no stammering will take place, because the tapping serves to link the words. Again, most stammering patients can whisper fluently; this is explained partly by the fact that nearly all neurotics will feel quite easy in the performance of anything that is less than the major difficulty; they may even display a certain pride in calling attention to the contrast. The ability to whisper is also due to the fact that another order of musculature is brought into play. Many sufferers will cease to stammer when greatly angered for any reason, while an equal number will manifest the very opposite tendency, showing that when all main causative hesitation is set aside the normal power enters. It is equally interesting to note that a patient may not stammer at all when reciting or reading with another.

Getting out of breath usually leads to an increase of stammering; a large number of cases display a defect in the rhythmical action of the respiratory musculature.

Public speaking will sometimes cure stammering, the enforced publicity, the directness, the singleness of purpose and accuracy required by the speaker, all serving to reduce shyness to the vanishing-point.

Treatment should be in the direction of mental as well as physical training; and the latter should involve

the subconscious correction of the offending muscles, vocal, oral, and respiratory, not forgetting that the greatest offender is often the diaphragm. Exercises in smoothness and fluency of utterance will, of course, assist the enunciation, by correcting spasms and contractures of muscles, as they will help muscles in any part of the body.

Patients should first be trained to *think*, slowly and in the right order, and should have examples given them in neuroinduction of single, simple, accurate sequences of ideas. It may be realized how comparatively useless is mere exercise in supraconscious utterance alone, when it is appreciated that no amount of physical exercise in utterance can possibly control the inaccuracy and hesitation of *thought* which is the origin of all bad cases. Only in the subconscious can we deal with emotions and impulses rapidly and effectually.

Cultivating a different tone of voice, as commonly recommended, is a very unwise procedure. A case once sent to me had been made decidedly worse by an unscientific voice-trainer who spent months in getting the sufferer to speak in a very low pitch; this failing, he tried an unusually high pitch, with even less success. One must be equally emphatic against cultivating a singsong manner of speaking, for this may add just the very self-conscious factor which we wish to eliminate.

Precisely the same remarks apply to stuttering, which is a spasmodic repetition of a syllable. It is to

be noted that in these disorders muscles in distant parts of the body may have been brought into "negative circling"; some patients become so bad that they will eventually decline to converse at all; kicking, stamping, and choreiform contortions may thus manifest themselves.

Cases of speech paralysis of the kind so ably explained by Dr. William Russell (*Lancet*, November 16, 1912) as due to cerebral angiospasm can be most successfully treated by psychotherapy. This should, perhaps, at this stage of our study, go without saying, even before we come to the chapter on the Heart and Circulation, which will help to convince the reader.

Missing out words, and repeating the same sentence over and over again, are characteristic of psychoneuroses which readily yield to subconscious induction. Here is the "circling" of a patient who was a public speaker: (1) Neurotic history; (2) overwork; (3) missing words; (4) worry; (5) loss of employment; (6) financial worry; (7) dyspepsia; (8) insomnia; (9) bad temper.

Everything had been tried in this case before psychotherapy made it possible to overcome every difficulty; in a few months the patient became normal, and secured more lucrative employment than ever before, because the opportunity was taken to tone up his whole system. I found the bad temper to be more difficult to deal with than any other "arc" in this case.

Collapse on the stage or in the pulpit is sometimes due to "blood rushes," angiospasms, or heart panic. The first thing noticed by some patients is an inability to go on with their work, which causes a feeling of alarm; this serves to start a "negative circle" through the tendency to gather in further "arcs."

Laryngeal, Œsophageal, and Pharyngeal Disabilities

A clergyman, fifty-seven years of age, was sent to me, suffering from a difficulty in swallowing, which had lately become so much worse that he began to refuse to eat, and later also to drink. Great mental distress began to develop. It was obvious that he had a slight stammer. The latter defect he thought little of, as it was a trouble of long standing. Here was clearly a case of stammering which had brought in other serious negative "arcs."

The patient had for some time been worried in connection with his parish duties, complaints having been made by parishioners respecting his waning ability to conduct the services; this was long before any difficulty in swallowing had appeared. He explained that the muscles of his throat seemed to go into spasms on his attempting to swallow anything. I at once considered this to be just the sort of case in which a practised psychotherapist could immediately demonstrate a method of curing the chief disorder complained of—in one sitting even. I asked him to take off

his collar, so that I could see his neck muscles. I then told him I wished actually to see the spasm as it occurred. He replied that this could only be produced if he there and then tried to swallow something. I therefore got him a glass of water. He protested that the water would go all over the floor—that this was just the effect that drinking produced at home. I told him I would get a large hand-basin and plenty of cloths to lay down; I further explained that he was not to bother about the floor. I gave him the glass of water, and, standing in front of him at a distance of about a yard and a half, I watched very closely for the spasm, saying abruptly: "Now, drink!" The water went quietly down the throat. He seemed astonished, and said, "I will try again," as though this time he would certainly satisfy my *curiosity* as regards the *precise muscles* which were affected. I told him that it was of no use to try again; the muscles would not go into spasms any more. Nor did they; he was delighted, and enjoyed free and repeated draughts of water—drinking, as he remarked, while he had the chance.

The case affords a very good example of successful treatment by *supraconscious* induction. The procedure may appear very simple to the reader, who might himself succeed in producing the same effect on every occasion. But another reader might fail; indeed the slightest variation of sequence in treatment by induction might even make matters worse, causing the patient to return home with his disorder more

advanced than ever. If the slightest hesitation or dubiety were betrayed, or any sort of mystery conceived as to the psychotherapist's particular purpose, this might be sufficient to produce spasms more violent than any previously experienced. Just as the right sequence will cure as by magic, so may the wrong one make the patient promptly and alarmingly worse. But here we have a great difference between induction in the supraconscious and in the subconscious: the latter could never do any harm. The speech difficulty in the particular case just cited afterwards required much longer treatment, even by subconscious induction, fulfilling the truism that in all nervous functional disorders the length of time required for cure will usually be in proportion to the number of months or years which the particular trouble has existed—roughly speaking, as many weeks being required for a cure as the trouble has lasted years.

We may now consider a different variety of case: A man, forty years of age, was sent to me at my suburban residence very late at night, in the greatest possible distress, suffering from œsophageal spasm; he felt every moment as though he would choke. A throat specialist had already employed a probang, the patient having swallowed a fish-bone some hours previously. Though no bone was present after this operation, the spasm increased, and the patient thought his end was at hand. I sat him in a chair and inducted toward the subconscious, steadying his neck muscles the while by palpation; after five

minutes' rest, I asked him how he felt. He would not be comforted. "It is better, but it will come on again, I know," he replied. He did not wish to leave my house. I told him he could, and must. "What should I do if it came on again?" "It will not come on again," I answered. "But if it did, there are no more trains out here," he continued. I told him to go by the last train, and to phone me in the morning if no better. With difficulty I induced him to return; I was not in a mood to treat him for *folie de doute*, giving up my time near midnight when I knew he would be quite safe. He telephoned in the morning that he had had a splendid night's sleep, apologizing for having been such a nuisance.

I ought to give a few brief particulars of the most extraordinary case I ever saw, or ever heard of, in this class. A man thirty-two years of age was sent to me; he was pale and emaciated, having suffered from spasms in his neck muscles for fourteen months, and he was gradually getting worse. Several doctors had tried many treatments, but all to no purpose. At length he became unable to go to bed; he was afraid to sleep for fear of choking. Feeding, even on fluids, had become impossible. Under observation the degree of spasm was, in its excess, beyond all belief. Every few moments his larynx leaped up toward the chin in a manner which amazed myself and another medical man brought to witness the example, the muscles having become hugely developed by the prolonged automatic urgency of the disorder. The range of

movement seemed beyond all physiological possibility; yet the condition was there, before our very eyes, compelling us to account for it in some way. To-day I should value a cinematograph film of the extreme movements in this unique case. As it was, the man's terrible distress prompted the application of every possible expedient for immediate alleviation.

I never in my whole experience saw a case more readily relieved; complete correction was effected in one sitting. Immediately upon induction towards the subconscious the muscles ceased their abnormal exertions. The patient, perceiving this, now seemed exhausted; he appeared about to collapse. I had to allow him to lie down for a time. The fact that the general tension which the disorder had produced had been so rapidly relieved, and that the throat sensations were becoming so comfortable and easy, now produced an immediate tendency to "sink" from sheer relief. After freely taking some liquid food the patient there and then fell fast asleep, and had to be driven from the house in care of his friends, in a somnolent condition, which was due to his having had very little sleep for some weeks past. He attended for treatment the next day, complaining only of occasional little spasms. In a few weeks he grew quite strong in every way. I afterwards discovered some epileptiform manifestations, which had existed on and off since boyhood. These also were cleared away.

As medical men are well aware, hiccough may defy all ordinary means, and has even been known to be

fatal. However bad, the disorder yields at once to subconscious induction, provided there is no organic disease. I make this reservation, for I have not treated a case in which organic disease accounted for the spasm; but I am of opinion that, even then, subconscious induction would be more likely to succeed than to fail.

I may as well refer to an easy means of stopping simple hiccough *supraconsciously*, which I have found more efficacious than anything else in the ordinary way. It derives its value from a certain control which is imposed upon the diaphragm; but it also has the effect of diverting the mind. Tell the patient to stand up erect, and now to bend the head and neck as far back as possible, and to look along an imaginary line running backwards on the ceiling. The spasms will go as he curves himself backwards. I have not as yet seen this fail to afford an immediate cure, provided there have been no particular complications.

CHAPTER IV

DISORDERS OF URINATION AND OF THE ORGANS OF GENERATION

As regards technique, rationale, and progress in the application of psychotherapy to this class of disorder, the cases cited may well speak for themselves, after what has been written in other connections.

A man suffering from incontinence at one time, and inability to pass water at another, was cured in one sitting by induction. Other physicians, adopting various kinds of treatment by "suggestion," have obtained good results in similar cases. This is one of the easiest of all classes of functional disorder to deal with.

A youth, twenty years of age, was sent to me suffering from a dribbling away of urine, continuing all day and all night, which followed a feverish influenza contracted some months previously. In this case I should imagine that acid urine had first caused pain, and that this had created fear or worry, which served to perpetuate the trouble by the formation of "negative circling"—especially as his parents had scolded and punished him. The urine was running at the time he consulted me, and the patient had to stand on a piece

of oilcloth. He was asked to lie down on a couch upon some waterproof sheeting. Ten minutes' rest following one minute's induction was sufficient to stop the flow before he rose. He had no further trouble. Every kind of medicine, and various other means, had previously been tried in this case by his medical advisers, including chloroform and the administration of large doses of narcotics.

A boy of thirteen was sent to me with a history of nocturnal enuresis of some years' duration; this had at length become diurnal as well. He was thin, pale, and looked greatly worried. Water was dribbling at the time. When he arrived I was dressed in my overcoat and about to catch a train, for which I was due to leave the house in ten minutes' time; I therefore declined at first to treat the case. But the appearance and temperament of the boy appeared to me to be favourable; I therefore told the father I would treat his son (as he had come a long distance), but that he must remain in the room with him a few minutes after I had gone, after which he could take him home. The boy was very easily dealt with, as it happened. I told him to lie still for ten minutes, that the water would stop, and that there would be no further trouble. I left, after instructing the father that if there should be any further dribbling the boy should attend again. A message was sent to me next day to say that all had been well. Later I received information to the effect that the boy was developing physically at an astonishing rate, daily exhibiting a better colour, and rapidly

increasing in weight. Such instances serve to indicate the prompt and easily obtainable effects of treatment in this class of disorder.

I wish every case of nocturnal diuresis were also diurnal, for the object-lesson of the correction of the diurnal diuresis is of the greatest help in the matter of inducting towards correction of the nocturnal trouble; it is, indeed, far more effectual than any kind of treatment for the nocturnal trouble. There are reasons why this should be so, which need not detain us here.

Some cases of nocturnal enuresis will be found very easy to deal with, and others extremely difficult. They are difficult when the mentality is of an abnormal character, apart from any reduction of the general health which might well be inculpated; indeed, some of the most difficult patients are physically robust. When one is obliged to make a patient's mental power sufficiently vigorous for him to be interested in his cure, a certain amount of time will be required. Parents will not always admit the mental weakness, having very good reasons for concealing it. In obstinate cases, however, careful inquiry will usually contrive to elicit complications in the shape of some sort of nervous or mental deficiency. Bad temper also hinders treatment. Petted boys are far more difficult than those who are not so spoilt; it is sometimes far more difficult to correct home habits than mere functional disorders. An epileptic diathesis may cause a great deal of difficulty. But even with such predis-

posing and complicating conditions psychotherapy holds out by far the best hopes of cure.

A lady, married, thirty-five years of age, suffered from occasional inconvenient dribblings, as well as impulsively sudden desires to urinate. This made her nervous in many respects, and led to the formation of other "negative arcs" over a period of several months. Induction corrected the entire disorder in two treatments. I am aware that such cases can be most effectually treated by life in the South of France, by high-frequency currents, building up the constitution, massage, patent foods, various medicines, and so on; and I cannot consider such measures anything but very rational; but I beg permission to place psychotherapeutic induction among the measures deserving of very serious consideration—at all events, for such cases as have been found difficult to treat by any other means.

MASTURBATION.

In treating masturbation, very little good will be done by being angry with the patient. Indeed, this will usually make matters worse. Difficult and disorderly thinking is present in all bad cases; usually some kind of concomitant physical disorder may readily be found—apart from phimosis. Many bad cases are not troubled with the latter defect at all. Tying the hands and all measures that are harsh, scolding, or of a punitive nature usually have a most unfavourable influence; they are apt to provoke a still more cunning

determination to thwart all preventive measures. The subconscious mind must be got at if real success is to be attained in the quickest possible time: it would seem superfluous to emphasise, even to the veriest tyro in practice, that in most sexual disorders psychotherapy will surpass all other treatments, so long as the technique is—well, good enough.

Tendency to sexual excess, functional impotency, and spermatorrhea are equally amenable. Primarily these conditions result from local and general nerve disorder, in which some amount of psychasthenia is usually present; introspection and self-irritation do the rest.

If masturbation be the result of morbidly sensitive moods, it reacts in turn, forming "negative circling," which gives rise to further moods. Authorities should therefore be very careful, on finding masturbation, not to blame this for a whole train of psychasthenic symptoms such as may exist in a bad case, for any kind of treatment may then be quite unsuccessful. Let us study the following bad case: (1) Nervously sensitive; (2) morbidly unhappy and lonely; (3) imitating others in disorder; (4) masturbating; (5) more lonely and secretive; (6) more unhappy; (7) feeling generally out of sorts; (8) bad temper; (9) psychasthenia; (10) inclined to suicide. In treatment (1), (2), (3), (4), (5), (6), (7), (8), (9), (10), are all open to suggestions which inculcate positive—that is, favourable—thoughts.

After masturbation has been practised for a time the generative organs become unstable; they are more

ready to burst forth into irregular action on slight excitation than they would be normally, both in the daytime and at night. Emissions in the psychasthenic are as often as not of the nature of obsessions; the patient has not only a tendency to find worry in anything he can, but he is further harassed by psychical conflict, by the failure to stop either the emissions or the masturbation, having learned that the latter is the cause of the former.

I should like at this stage to offer my reply to the question—as yet not definitely answered by anyone, as far as I can find—as to whether a slight amount of masturbation is harmful to anyone or no. My firm opinion is that the practice should be viewed as on a par with morphia-taking—in this respect, that little is constantly inviting to more; but it is further harmful under a law which I feel justified in stating, as being helpful in a study of psychology, that negatives tend to beget negatives, once there is the least disequilibrium. Normally a balance obtains between positive and negative mental tendencies; any addition to the mass of the negative tendencies is likely to diminish the mass of positive tendencies. We shall therefore find in every case that masturbation is an "arc" which tends to drag in other "arcs"; indeed, it begins to do so at its initiation, all the more because of the sense of wrong-doing and the secrecy under which it is carried out. I have hardly ever seen a case in which this sort of confession has not been made during analysis: "I have always felt that it was wrong." The reason for

the latter conception is, in my opinion, to be found in the fact that a normal sexual act is only fully and truly enjoyable in co-operation with another of the opposite sex, as a law in Nature's scheme; and that should there be any evasion of this law some form of penalty will surely be exacted. This will all the more be apparent to those who have studied natural processes extensively and broadly.

Show me a masturbator and I will in a trice find in him other "arcs" of "negative circling," however he (or she) may be inclined to appease the soul of self with exculpatory arguments, and even though there may be declarations that "only a very little" is indulged in. Dr. Gordon Holmes has written, and others have agreed, that "the habit may be, and usually is, persisted in for a considerable time without any evident effect on the individual"; but this only serves to remind me of an instance of a man who murdered a lady in a railway carriage, and who was reported as having previously been of perfectly normal mind because "people had seen nothing wrong about him." I have seen many individuals—and so have others, for that matter, including Dr. Holmes—in whom mental disorder has been obvious in the midst of what has appeared in the estimation of others to be perfect normality. Indeed, who knows who is normal, until thought analysis reveals the truth? I have analysed certain geniuses, only to think how much more brilliant they might have been had masturbation not come into their life. Here it might be possible to find a defend-

ing counsel to argue that genius might be partly due to masturbation: at least one distinguished man has actually argued thus with me. I cannot admit the contention, however, for various and very important reasons which lack of space will not allow me to give, although I have studied cases in which masturbation has led to reclusive habits which have appeared to favour very close and persistent application to duties.

I have carefully traced back to earliest sensations and impressions in a number of cases of sexual perversion (including inversion), and I am bound to come to three outstanding conclusions. The first is, that definite anatomical structure will always tend to favour its own natural physiological processes, certain "other things being equal": there is no such thing as a sexual invert being unalterably born such, notwithstanding that his family history may favour various abnormal tendencies.

The second is, that in the vast majority of all kinds of sexual perversion instances are generated not so much through inheritance as by means of earliest sensuous elicitations. Simple over-sensitiveness is the fundamental predisposing factor in very many cases. If a child has not been normally brought up; if it has been subject to laxity on the part of parents, servants, or acquaintances, then any inherited over-sensitiveness, or tendency to effeminacy in general behaviour, is likely to encounter early opportunity sufficient to establish an abnormal sexual life. An effeminate-minded boy, entirely unacquainted sexually, will be-

come sexually masculine provided his first sexual sensations and emotions (let these be ever so little to be enough, or ever so much) are aroused by sufficient communion with females.

The third is, that when sexual perversions are definitely established they can be trained away, or neutralised, by neuroinduction, given an environment that is sufficiently favourable, just as kleptomania can be cured: cases found incurable are such as are mentally and emotionally unalterable.

Hermaphrodites will lean towards that sex which first arouses sexual emotion in childhood.

Sexual perversions — according to degree — are amongst the most powerful of all arcs for dragging in other negative arcs in circling: this explains why general physical and mental disorder is so very common in inverts—invariably including falsehood.

Full inversion is determined by general-emotional contact rather than by local; effects of the latter alone are comparatively easily corrected, either by auto- or hetero-suggestion.

CHAPTER V

PSYCHOSES

IT must not be imagined for a moment that I should consider it an easy matter to deal with the majority of persons of unsound mind by my methods, particularly those in hopelessly advanced stages; a more perfect form of open-air treatment than is commonly known could not in a few weeks empty our consumption sanatoria. All medical men would allow that the best treatment should be applied in both the conditions referred to at as early a stage as possible.

We may well believe that the number of people certified as insane and requiring asylum care might be greatly reduced if my views as expressed in these pages be correct. In the past very little has been done for people who have developed early signs of mental disorder, beyond watching and waiting—beyond recommending change of environment, and possibly of employment, which, of course, will often do a good deal indirectly towards the improvement of difficult cases. No *direct* means have been adopted, no system of correcting particular tendencies of thought or inclinations, no scheme of training has been designed to neutralise or negative abnormalities in the insane. The careful classification of cases, and herding these together

humanely, have been the main consideration, while the best medicinal and hygienic means that science could suggest have undoubtedly been employed. Insanity plainly spells disorder of thought; but there is no system in vogue in our asylums dealing specially with such disorder, or likely to help individuals to recover *order*.

Not that I could possibly attempt to run down asylum treatment; indeed, I am on the whole inclined to praise it greatly. I have been able to offer special reasons why asylums can hardly be improved upon as institutions for the care of the majority of people of unsound mind. My plea is still more on behalf of those who are threatened with asylum life. At the same time, I must express my opinion that many who are now in asylums would be better treated by the application of principles such as are recommended in these pages: they would recover sooner and would not be so likely to relapse into mental disorder after recovery.

I shall be candid enough to admit that I have known cases of insanity in which suggestion has failed to effect a cure by itself; but when the discipline of asylum life has been added the patients have been cured. This admission, I trust, will help to indicate the sincerity of my criticisms and recommendations. In such cases some compulsion has been requisite, plain induction not having been sufficient. I have been told by patients that their stay in an asylum had undoubtedly put a stop to the wildness of their career, and that the quiet life enforced had enabled them to recall the

teachings which had been given them before they entered. They have frankly confessed that asylum life has played a very effectual part in their salvation.

It must be clear to all on reading the pages of this book that those who suffer from early symptoms of mental derangement should be treated by a method which analyses and synthesises, whether the patient is to be treated in cottage, palace, private home, or asylum. It follows, also, that this method should constitute the very warp and woof of treatment at any stage of the disorder. We want more men with the broad spirit and understanding displayed, for example, by Dr. Bedford Pierce, who knows what is wanted, and who leaves no stone unturned to get it so far as his position will allow. He writes: "I fear that the amount of research work undertaken bears no relation to the excellence of the accommodation provided for our patients." There is a plain candid truth for the consideration of his *confrères*.

Very little need be added as to the value of subconscious induction in insanity, after so much has been said under the heading of Psychasthenia, and in other chapters, excepting that there could not be a greater mistake than to suppose that insanity is not amenable to treatment by psychotherapy—a common supposition, and one even held by some psychiatrists of standing. That the mentally afflicted are amenable to subconscious induction, so long as any potentiality of association remains in the patient upon commencing treatment, is the teaching of these pages. Provided the

induction be of the right kind, it will prove an instrument second to none, and I shall be greatly mistaken if the method does not soon become the *sine quâ non* of treatment, to be employed by all psychiatrists, for such patients as are not too obstinate and too far advanced in disorder, and in whom no organic obstacle exists which would make improved functioning impossible.

The success with which certain cases of dementia præcox and melancholia can be treated by subconscious induction causes me to reflect how important it is that cases of these disorders should be diagnosed and treated by psychotherapy at an early stage. All cases of early mental disorder call for easy and rapid analysis, which means a really accurate diagnosis. I recall the case of a man who was obviously dying, in a nursing home, from exhaustion, in advanced melancholia, having been sent there by a specialist of considerable repute. On his relatives becoming alarmed by the report that he was gradually approaching his end, a general consent was given to my being called in. He was then, of course, bed-ridden. A few weeks later he was walking about comparatively well, thanks to treatment by suggestion; and he would have become absolutely normal had he been a little younger. I have no hesitation in declaring that such a man ought to have been treated by an efficient psychotherapy some ten years previously, as soon as the early signs of the disorder had become sufficiently manifest to threaten development into anything more serious.

Cases of paranoia which have been successfully treated also serve to indicate the great advisability of dealing with such disorders by suitable induction years before the more difficult features permanently develop. I have made analysis of a sufficient number of cases to show that in a large percentage of them very early strains and shocks have made a deep impression, from which vicious "arcs" have gradually developed. I have attended a number of mild cases—in members of families which were well known to be extremely prone to derangements of a grave type, which had proved incurable—and I have checked the progress of such cases. The firm feeling that these early cases were bound to go the way of the rest had existed in the minds of relatives and physicians alike; but the patients are now living to prove that subconscious induction served to check any advance of the disorder. The alienist critic might choose to argue impatiently that such cases count for nothing. But I have been fairly satisfied in my own mind that most of these patients would soon have followed their relatives. I hope that my professional *confrères* will not take umbrage at these firm and deliberate contentions, for they may live to see many proofs of them ere long.

I may give just one example out of many. A specialist in mental disorders brought a patient to see me on the advice of another specialist, the case being a troublesome and difficult one. The opinion of two experts had been given me that the patient would not recover, and attempts were made to persuade me that

it would be useless to try psychotherapy. In my own mind, however, I was confident that it would prove successful. The patient is now an officer of high rank in the British Army, having received rapid promotion since his complete recovery.

Whenever suicide is spoken of, contemplated, or attempted, the disorder being of purely functional origin, I always conclude that the patient feels cornered in some way, and for some particular reason, or that he fears that he may be cornered, and that if a way out can be found for him the desperate idea will then disappear. This may seem a commonplace observation; but I distinctly recommend commonplaces as factors of the very first importance throughout this book. I have found them of value in treating patients of standing, of great intellect, and even of scientific acumen and training. I have cured very distinguished people by means of commonplaces when I have known that I could not pretend to possess a fraction of their particular intellectual equipment when they were well. It has been my experience that if a way of getting over a difficulty can be reasoned out, so that conflict in the subconscious mind of a patient can be appreciably reduced, no suicide will follow. I say *reasoned* advisedly. Therefore analysis should first be directed towards finding out, reliably, what is in the mind; then the best ways out of tight corners should be discussed, in a tone of strong conviction and adopting a mood of common-sense composure. Sufferers often conceal difficulties; they may become most

subtle in their very real determination to do so, setting the psychotherapist one of the most difficult problems conceivable.

The person who carelessly refers to committing suicide rarely kills himself, unless ridicule should seem to challenge him too far, or provoke too great annoyance; then a fit of temper, or spite, may prompt him to carry out his threat, in order to get the best—or worst—of the argument.

Many speak of suicide with a view to eliciting sympathy, or fear, from others; often for the purpose of obtaining something, it may be for purely selfish motives or on account of real poverty. Ideas of being persecuted, and of being asked or told to commit suicide are, of course, common; sometimes extreme jealousy will provide a motive. Very great differences may be observed in the manner of either referring to or threatening suicide. Careful study of the patient's remarks and answers will often reveal secondary currents of thought; moods may be detected, perhaps in the eyes, the facial expressions, or the movements of the body, indicating profound trains of thought in those who apparently are speaking carelessly. In those who really mean what they say there may also be discerned physical signs of secondary trains of thought designed to put any inquirer "off the scent."

I do not hesitate to admit that such patients are very difficult to deal with; but induction toward the subconscious helps to clear up mental conflicts and to

reveal genuine or supposed troubles as no other treatment can.

Sometimes a patient will be angry chiefly with himself, thinking he is far better away from others—even from himself—having grown tired of conflicts. There are others who dislike forcing their troubles upon anyone. An instance is recalled of a man who thought he gave everybody he met a disease. There are many others who develop some habit or failing which they cannot master, becoming despondent in estimating their prospects for the future.

I do not advise anyone to do as one husband did, to my knowledge: he placed a weapon in his wife's hands, after she had threatened to commit suicide, saying, "Do it, then!" He explained afterwards that he knew she would not. It was not want of pluck on her part; the idea crossed her mind that he really would be glad to be free to marry another woman.

This, as analysis indicated, caused her to wish to thwart him. But she nearly did pull the trigger when he followed up by calling her a coward. However, she refrained after instantly divining that he was angry principally because he could not easily get his own way. Under stress of occasion thoughts may change very rapidly, according to the exigencies of the moment or to any new factor entering into the argument. Thus a patient may begin a dispute by threatening, having no definite intention; then she may pass rapidly to absolute intention; finally, after she has used the

weapon, she may immediately display profound regret.

Vanity, of course, is at the bottom of many incidents. A girl of twenty-two described to her sister how she would spite her parents, and make them sorry for the way they had treated her, by "walking into the sea," until psychotherapy caused her to think calmly of such a procedure, as not only being a very unwise one to adopt, but very wickedly conceived. In analysis I sought the reason why this particular method was selected, and found that she had not forgotten to think of the sensation which her suicide would make among her friends when they read the account in the papers; how pathetic it would seem to them for a lightly clad body to be found "floating with beautiful hair 'all loose." I further elicited that much study of her appearance had passed on to a consideration in her melancholic moments as to how she would look when actually dead. All this had been brought about by a disappointment in a love affair.

A young University graduate in honours had made an attempt to cut his throat, after being received in a nursing home for neurasthenia. Particulars included the information that in his efforts he had seized a razor and had struggled on the floor with a nurse. Two male nurses were placed in attendance upon him in the home. This seemed to have greatly aggravated his mental condition. On his being sent to me, I found him taciturn, evasive, morose, contemptuous, and obstinate. I had no fear that he would do himself any

injury after the first treatment, which was only designed to impress upon him the fact that I should help him to fight a way out of his troubles. Careful induction further caused him to feel that he ought also to help me. He now felt easier, and quietly told me that it had seemed impossible that anyone could help him. I found unmistakable indications of an obstinate melancholia, and that he was on the verge of refusing to allow me to help him further, which induced me to search for some "skeleton." It took me a week to wear down his decision to thwart me if he could, and to "go out" by some means before the "skeleton" could be revealed. At length the prior idea that I might possibly help him mastered the sustained resolution to resist and to practise concealment. Another week was occupied in dealing with an evident conflict, made up of efforts to find reasons for thwarting me and means of ending his life, on the one hand, and of strong incentives to accept my points of view on the other hand. Treatment was all the time directed towards enabling the latter to win, while finding less and less occasion for the former to keep its hold upon him.

Finally, he gradually but fully disclosed the "skeleton," which when looked at in full light of day caused me to express great surprise that such a thing should ever have caused any particular worry. From this moment he never looked back into the darkness again. He not only got well, but in a few weeks felt better than he could ever remember, showing that he had been a victim of "nerves" practically all his life, and

that analysis and treatment had gone to the very root of his disorder.

Threats of suicide may mean anything; they may be the vulgarest "bluff," designed to call attention to a grievance in a court of law, by a person afflicted by a hankering for public sympathy; while instances are common in which the patient quickly blurts out the hint, in a momentary wrestling of dual conception, feeling on the one hand impelled to carry out his threat, and on the other that it ought not really to be carried out. Undoubtedly we find the most firmly determined cases among those who never display any sign or utter any word of foreboding.

Patients who take pains to conceal their intention may display the utmost cunning from the outset; they will sometimes pride themselves on the thought of being far too clever for anyone to detect or thwart. In one case which was successfully analysed and treated the patient wanted to die, but she did not want any odious aspersion, arising from the fact of her suicide, to be cast upon her after death. She was pretty, and knew it. She was a victim whose mind was torn by conflict, and by the stress of epileptic storms and exacerbations. She was subconsciously intellectual. She studied the matter carefully and exposed her bare body from the pelvis upwards before an open bedroom window "for some hours," in order to get a fatal chill. I believe her account of the exposure to have been absolutely true, from the carefulness of the analysis; though she seemed hazy in her account as to the exact

length of time she was exposed, I am quite satisfied as to what she intended. Indeed, the time may have been even longer than she admitted, for when asked whether it was for three hours she carelessly replied: "Two or three." To her own amazement nothing happened, excepting very great discomfort. She was pale, thin, badly nourished, and suffered from dyspepsia and insomnia, being, of course, deeply worried at the time. Before coming into my hands the same patient had opened the window of a nursing home many times with a view to casting herself out, but had been checked by revolting ideas as to the nature of the injuries she would sustain, and the ghastly appearance which her body would present, as well as by the state of distress which the circumstance would produce in her parents.

Many sufferers have a strong desire to contract all sorts of dangerous illnesses, not caring in the least whether the issue might be fatal or no. Some will work themselves up into ecstasies over the beautiful clean water, "sweet and inviting," and will visit a river or pond with a view to jumping in. Vanity very often corrects such impulses. Any sort of tentative behaviour may, as often as not, lead ultimately to the act being finally committed, unless some factor should enter to modify developments.

The case of a man who had thought for months of placing himself on the railway line is interesting, because, by analysis, no reason could be found for this obsession. Supraconsciously he was greatly distressed that the idea should visit him—unusually so—and he

could not in the least account for it. Here was a decidedly uncommon case, in which I felt obliged for the nonce to acknowledge the failure of analysis. Careful inquiry eliminated every likely factor, the patient being abstemious to the point of drinking "only tea"; it seemed as if I was fated to be non-plussed and defeated. Tea? I asked myself, as my recollection ran back to another case of interest which suggested a possibility. I made inquiry, and found that his wife had rewarded his careful virtues by making a great fuss over his tea. Because he never took anything "in the way of strong stimulant," every day she sent to his office tea of her own making in thermos flasks. He took this three times a day, and had more on returning home. He was stout, and usually rather thirsty, through frequent visits to hot engine-rooms. On stopping this large allowance, only permitting himself four small cups a day, according to the direc-tions I now gave him, and taking other even less harmful beverages in the intervals, such as a few drops of lemon-juice to the half-pint of water, or thin barley-water, he got perfectly well, and has remained so until now (three years later). Thus the case was hardly one for psychotherapy: it was a plain one of tea-poisoning.

I have had cases of nervous disorder which have been quite incurable, into which ideas of suicide have entered; subconscious induction has removed the latter tendency permanently, while the organic obstruction has remained uninfluenced.

That induction toward the subconscious is the treatment *par excellence* for the high blood-pressure so often found amongst the mentally distressed would seem to go without saying after a perusal of the foregoing chapters, even before we come to that on the Heart and Circulatory Disorders. But meanwhile let me cite the words of Haviland Hall to support my contention in this connection. They were uttered before the members of the Hunterian Society. He said: "Great stress is laid on the toxæmia of gastro-intestinal origin due to overeating, as a very important cause of increased blood-pressure." Now, if a later chapter on gastro-intestinal disorders be carefully read, it will be quite clear that psychotherapy should be resorted to for one reason at least, if not for others. He also averred: "Finally, mental strain and worry, especially if combined with deficient exercise and too rich living, are stated to be potent causes of high blood-pressure." My plea should need no further substantiation after these words.

Dr. Langdon Brown entered into the discussion on the same occasion, and called attention to the difficulty of getting a correct record of the blood-pressure in nervous subjects, *in whom the mere attempt to make the observation raised it temporarily.* Now, all authorities are agreed that rest must assume a prominent position in the treatment of this condition of the circulation. And what imaginable rest could there be, I ask, which could equal that of fully inducted muscular and mental relaxation—a rest which need not

be taken in bed, a rest which will favourably affect the whole functioning, mental and physical?

Further, Dr. O. K. Williamson agreed with Dr. Hall and Dr. Langdon Brown in the following words, as reported:

"It is undesirable to make a routine practice of reducing the pressure; still, it seems advisable to try, cautiously, the effect of reducing the pressure, inasmuch as the continuance of the condition is, other things being equal, in itself harmful. Great caution is, however, necessary in such cases, and the effect of such treatment on the patient's general health and symptoms should be noted, as many of these patients will not bear reduction of their blood-pressure. Treatment is also called for in cases in which high blood-pressure is associated with marked local spasm of arteries, and consequent interference with function in areas which these supply; it then becomes, especially in the case of the heart or brain, an urgent matter."

But there can be no risk, no need of extreme caution, in the methods I am advocating, or, at all events, comparatively none. There can be absolutely no risk, provided the operator has as much sense as the average medical man—enough to avoid exciting the patient. I admit that complicating disease, and forms of worry which the patient cannot get rid of, may be dangerous factors—but so they will be under any treatment.

Dementia Præcox.

I have found in many cases diagnosed by alienists as dementia præcox that analysis is not at all difficult; one may find such a history as the following, picked from my case-notes as an example:

"As a child every time I broke my promise to mother that I would not pick my nose I felt troubled and drawn towards doing it again. Later on I read some pages of a book about a prince making a sentry bite off the head of a mouse, and this kept coming into my thoughts; and the idea grew into that of biting all sorts of nasty things. I used to hate to see pictures of the nude, but I seemed drawn to them."

It is better to get such details written down by the patient; much more correct analysis will be made by this means than by *vivâ voce*, for patients are often more capable of ready and lucid analysis when thinking the matter out for the purpose of writing it down. In treatment all old ideas that have had the effect of dissociation should be swept clean out of the way—by observations designed to evoke healthy emotional activity in the subconscious realm—by words such as these: "You will really wish to leave behind—and will find you are leaving behind—such useless notions. You ought no more to have allowed them to stick to you than you would allow an irritating parasite to do so. You will now naturally think of things that are beautiful, easy, and orderly, instead of wasting time over what is horrid."

I need urge no more in this chapter beyond quoting from Dr. L. A. Weatherly's letter in the *Lancet* of September 8, 1917:

"One great fact which has never been cleared up is the standing reproach that with our palatial institutions for the insane, and with our great increase in pathological research, the recovery rate of insanity is no higher to-day in these institutions than it was in the decade of 1865 to 1875."

Dr. Weatherly considers that this is due, amongst other things, to "the want of individual study of the character, temperament, and causes which have led to the mental breakdown."

CHAPTER VI

RESTORING FUNCTION IN SPECIAL SENSES

ENTIRE loss of smell, taste, hearing, power of speech, and sight is not infrequently corrected to the normal by accident, by some very simple chance occurrence. Such cases as the following have been recorded :

A boy who was dumb for ten years found he could speak after experiencing great excitement at a cricket match. He had incontinently tried to shout, and then "he thought he heard his own voice."

A young man recovered his lost hearing and power of speech on hearing of the death of his sister.

A man lost his speech in one epileptic fit and recovered it in another six weeks afterwards.

A man who had been dumb for seven years recovered his speech on being startled by the explosion of a syphon.

A girl recovered her long-lost sight at a funeral, while weeping over the grave.

The war has been responsible for revealing scores of such cases among soldiers.

The simple explanation is this: Something has caused neurone dissociation; accident, sudden emo-

tion, or extreme tension, has had the effect of rectifying this. A visit to Lourdes, a sermon, a "laying on of hands," may possibly have the desired effect in some cases; even the strange performances of a quack may work wonders. They all point the moral to the scientist, that if such things can come to pass in the "green tree," how much more may be done in the "dry"!

I have very little more to write about these disorders beyond pointing out, firstly, that they are amongst the easiest in psychotherapy, one sitting only being required in quite a large proportion of cases, once the correct diagnosis has been made. Analysis will help immensely in the more difficult cases.

In colour-blindness all authorities should grasp the truism that in many cases the disability has resulted either from actual ignorance regarding colour or through strain and shock producing dissociation. Men sometimes know surprisingly little about colour. Women, on the other hand, usually practise distinguishing shades from childhood, and continue to do so through life, so long as they retain their interest in new dresses and ribbons. After investigating certain cases of men rejected as candidates for various positions, who have displayed examination-fright, I have found that they have felt infinitely worse on being subjected to colour tests. A worried and overworked signalman is liable to be seized by a subconscious fear that he will not be able to distinguish a signal; as in cases of loss of memory, temporary dissociation may

result, which may become permanent unless reassociation can be effected in some way. A very slight emotion may lead to some temporary confusion of thought in a man who is called up to undergo a colour test; dissociation may then take place on the spot, the colours being found far more difficult to distinguish than before ("negative circling").

In most instances which are not grossly complicated, it is only necessary to induct towards the subconscious, and to tell the patient that he will smell, hear, see, or taste, as the case may be, when a test will immediately yield a positive result.

It should nevertheless be clearly understood that there are very difficult cases in this class, and sometimes impossible cases; and these fall chiefly into three divisions: (1) Those of such long standing that reassociation seems impossible after trial. (2) Those too old for reassociation to be possible, there being evidence of some senile disconnectedness of thought or mental dulness, to be detected in ordinary conversation. (3) Those who have some very definite motive for remaining afflicted.

In most cases of complete loss of memory the treatment is easy and the cure rapid. Mere induction toward the subconscious may be sufficient. If not, then simple carefully uttered suggestions made in induction will readily restore mental association, first on the subconscious plane, and afterwards as between the subconscious and the supraconscious planes.

My own observations tend to establish the fact that

in functional loss of sight, memory, or hearing there is often a clear history of purposive repression, which later has become automatic; this is at first begotten of emotional excitement, such as the fear of seeing, remembering, or hearing something or other. In one of my cases of functional deafness, a case of twenty-five years' standing, the patient had, since her school-days, always felt nervous lest she should receive some troublesome information. When she came into my hands, quite late in life, she was able to recollect, after two treatments by induction, having retired to her room, being afraid to come out lest she should hear bad news about her son. In another case of loss of memory I only had to tell the patient in the subconscious rest that he was afraid to remember, and that he really need not be so, to bring back his recollection of everything. There was no volitional repression in the supra-conscious mind, but rather an auto-inhibition in the subconscious mind. The rack would not restore loss of functional power so quickly as hetero- leading to auto-subconscious enlightenment; in one case, my notes indicate that a patient had suffered terribly from his loss of memory. I found ample reason for believing that no threat or penalty whatsoever would produce the desired effect; on the contrary, such would merely make him worse, and probably drive him mad. In another case the patient was supposed to be shamming, and was treated roughly accordingly; he explained to me, on recovering, how he had felt that there was no other chance for him but to be driven

out of his mind, and that he had no power whatever of preventing this eventuality.

Increased lacrymation is very prone to occur as a feature of many neuroses and psychoses, on account of a central disturbance which acts both on the vaso-motor system and on the glandular secretions, directly and through the emotions. It is the vaso-motor effect which will concern us for the moment. I have treated psychasthenic patients who have developed such an exaggerated sensitiveness that an extreme photophobia has provoked ophthalmitis, making it necessary for the patient to occupy a darkened room. Normal activity, local and general, has been restored by suggestion, no local hygienic or chemical applications whatever having been required—indeed, these had previously been employed with little or no success.

As to asthenopia and eyestrain from various causes, I have little to remark, beyond the fact that psychotherapy may in some instances produce such a steadiness of action in the whole functioning as will either render it unnecessary for the oculist to prescribe any artificial adjustment, or will help him materially in effecting the latter, as the case may be. In many instances, after treatment by psychotherapy, errors have revealed themselves for treatment by the oculist which could not have been investigated previously, on account of the difficulties which the psychasthenia presented. In some instances the patient will refuse to consult an oculist until treatment of the general nervous

system corrects the *folie de résistance.* That eyestrain is of great importance in various neuroses and psychoses has been emphasised by such observers as Ernest Clarke, Sydney Stephenson, and Gould, though the latter has appeared at times, in his extreme enthusiasm, to have exceeded the bounds of safe and reasonable contention.

From the psychotherapist's point of view eyestrain must be viewed as being usually just one "arc" of negative encirclement, as in this analysis: (1) Nervous sensitiveness; (2) hard work; (3) worry; (4) much reading; (5) insomnia and dyspepsia; (6) eyestrain; (7) more worry; (8) psychasthenia. This is an example subject to an infinite number of variations which include all degrees of astigmatism.

Of course, it is possible for eyestrain to be the actual *fons et origo* of the trouble. This is conceivable; but it can rarely be the prime origin. Here is an analysis which shows its very early appearance: (1) Nervous sensitiveness; (2) facial asymmetry and stigmata of degeneration *plus* astigmatism; (3) worry; (4) psychasthenia, insomnia, and dyspepsia; (5) phobias; (6) threats of suicide.

Ophthalmologists are perfectly right to point out the importance of eyestrain as a factor in the causation of all sorts of troubles, even if they go so far as to consider that it may cause insanity. Yet bias, excitement, and enthusiasm may lead them beyond the bounds of the legitimate. Let me give an example: Mrs. —— had suffered for three years from so-called "neurasthenia,"

having become so ill that she was bed-ridden for months. She finally recovered perfectly after a few weeks' treatment by psychotherapy, when I recommended that she should engage in painting. She had never previously done anything of the kind in her luxurious life. She had made such a complete recovery from her "neurasthenia" that there was no longer any question as to whether there might be some remaining defect of vision. On commencing to paint, however, eyestrain began to trouble her, though it was not severe enough to bring back any of the old psychasthenic symptoms. I sent her to the family ophthalmologist, who duly corrected the defect by glasses. He questioned her as to her history, telling her he had heard of her case. He endeavoured to convince her that her troubles had really begun in her teens, and that they owed their origin entirely to the eyes. The patient was so far from being impressed by his remarks that I had great difficulty in getting her to wear the glasses at all, so little faith had she in what he said. The fact is that she knew better; analysis had distinctly indicated that there had been early nerve shocks, while everything pointed to the fact that the astigmatism had originated, together with asthenopia, while she was going through three years of Weir-Mitchell and other depressing treatments.

It may be difficult to decide how far this or that negative factor has been of effect in any particular case; all I wish to do is to warn the ophthalmologist against becoming biassed or astigmatic in the judg-

ment of his own mind's eye, and to remind him that one of the most striking effects of psychotherapy is the recovery from facial asymmetry, as exhibited by many cases.

Mucous membrane secretions can be easily regulated by neuroinduction in most cases of nasal trouble, including hay asthma, as will be seen in another chapter. Indeed, we seem to require no further argument than that sneezing and hyperæmia of the mucous membrane may be readily produced—as also suffused eyes—by common suggestion. We must at once conclude that suitable induction will remove these disorders. In practice we find it does so. The following cases will illustrate this:

A man, thirty-four years of age, was sent to me suffering from "borderline" psychasthenia. Among many other complaints, he mentioned having had four operations on the nose for polypus and "thickenings." He had sought the advice of a specialist "at least once a year." He asked me whether he should have "another piece taken out" before commencing treatment with me, or whether he should wait until after treatment. I told him to wait. On commencing treatment, I found that reclining on a couch was extremely difficult for him, both on account of his inability to breathe through his nose and because some discharge ran down into his throat from the back of the nose. Attempts at reclining were every few minutes disturbed; he could not at first feel sufficiently comfortable even when leaning back in a chair.

Accordingly neuroinduction was at first found almost impossible. However, I sought by efforts momentarily made, by induction with outward palpation, to diminish the swelling and discharge, with the result that in a few days he was delighted by the comparative freedom with which he was able both to breathe through the nose and to lie down. He has not been troubled since he was last treated two years ago.

Miss ——, twenty-eight years of age, had suffered from childhood from very severe hysterical psychasthenia. For a period of twelve months, during one of the more difficult phases, she had been certificated. She had had "some sort of operation" for pain in the nose, without obtaining any relief. Her throat also had been operated upon; dilatation of the cervix uteri had also been performed. Many other propositions had been mooted in her case. When sent to me she was bedridden, for her eyes had become secondarily affected; photophobia was intense, insomnia bad; and there were also phobias in respect of swallowing and speaking, which had latterly developed to "fill up the cup." Neuroinduction first restored the sense of smell, which she never remembered having possessed in her life; this resulted from one treatment. In three weeks she was walking in the open, with no shade and no distress from either nose or eyes. In six weeks she was perfectly well, and for three years, up to this time of writing, she has remained so.

As indicating what suggestion will accomplish after errors of refraction, astigmatism, and accommodation

have been fully met by the artificial aid of "glasses," I will cite the case of a secretary whom an oculist could barely save from "going blind," so ineffectual was the functioning. Every few weeks, for many months, a cloudiness would occur, which the oculist deemed to be caused by hæmorrhages. General nervous distress, with much pain and redness about the eyes, brought the patient into my hands. Within a few days from the first treatment by neuroinduction not only was a return towards the patient's normal obvious to everyone, but she could engage in her duties—which included reading and writing a great deal—better than she had done for many months past.

The eyes are extremely sensitive to suggestion. I have known more than one case in which the remark of an oculist that he did not think the patient would "go blind" was sufficient to cause the eyes and the patient's general condition to become worse: the very mention of blindness had upset the whole nervous system, which neuroinduction restored by way of general confidence, a local feeling of comfort through actual inflammatory regression.

The worst case in my experience of general nervous and mental stress through eyestrain is that of a girl whom many physicians and surgeons failed to help. She complained of a feeling that her "eyes were being pulled back into her head." She had sense enough to declare that nothing could prevent her "going into an asylum," the strain was so great. During several years her mental condition gradually became harder

for everyone to bear. Neuroinduction restored all to normality, and she has been doing duty for several years in high Government office. She had worn "glasses" for years before coming to me, and these were neither changed at any period of the treatment nor afterwards.

CHAPTER VII

DISORDERS OF THE ALIMENTARY TRACT

IT is noteworthy how often we find a neurotic factor in the causation of gastric and duodenal ulcer. Such a factor should always be studied as an arc of a negative circle. We know, also, that malignant disease of the stomach sometimes follows chronic dyspepsia, which is itself so very often neurotic. Again, many cases of appendicitis may be regarded as plainly related to neurotic dyspepsia. Accordingly psychotherapy will make a very powerful appeal in this connection, especially when we realise how greatly the glandular secretions may be influenced by neuroinduction.

The effects of simple suggestion on the flow of the saliva are enough to arrest the most sceptical, and to recommend a serious study of the various glandular secretions, even if Pawlow's experiments were not sufficient to make the most obtuse believe that "there is something in it."

In writing of dyspepsia Dr. Drummond was surely on the right track when he asked, "What is the cause of the condition?" and went on to observe that, "to discover the cause . . . is . . . often a very difficult

matter. . . . . If we are to treat indigestion with success, we must learn the art of getting our patient's secrets out of him."

I do not mind whether the cause of dyspepsia be put down to diet, overeating, bolting food, insomnia, irregularity of meals, constipation, alcohol, tobacco, chronic debilitating disease, or worry—and of all these I should be inclined to give the last as the most constant and important "arc" of "negative circling" in all functional cases—in any case, any treatment whatsoever must take a second place to psychotherapy, unless perchance removal of the cause can be effected by one simple action, as by a gift of income relieving penury. Moreover, if this conclusion be arrived at after treating a large number of the most difficult cases, one must admit the argument as applying to all degrees of the disorder. Even the toothless are curable.

Among my cases have been many so-called incurables, such as one who had developed toxæmic neurasthenia, and who would not hear of artificial teeth, all natural ones having been cleared out some years previously by a mouth-hygiene enthusiast; also bolters of food with epileptic histories; City neurotics who had for years done their best business at meal-times, and would "listen to no doctors," as their attendants and relatives have declared—even such have been cured. I will refer to one, by way of illustration:

A man, forty-five, a City merchant, was sent to me by a distinguished neurologist suffering from dilated and ptotic stomach; he was thin, haggard, and dis-

tressed-looking, and gave a history of years of stomach trouble. He had been treated by "stomach-tube and washing" every day for two years (for six months twice a day), on the advice of a leading consultant, and had finally been reduced to peptonised milk and certain special liquid foods. After three weeks' treatment by neuroinduction he was sent out to a restaurant in order to take a test-meal. He was told to take just what he fancied, regardless of consequences. He ordered steak-and-kidney pudding. His only answer to inquiry on the following day was: "I had a second helping." He explained afterwards that on making the frontal attack his ideas were half begotten of confident joy and half of a developing threat: "If I am ill again, then I know whom to blame, and I have done with 'suggestion.'"

There is nothing so easy to treat by neuroinduction as a difficulty in digesting certain kinds of food, which has followed some feeling of sickness that has occurred years previously—after eating, for instance. I have had many cases of inability to eat cheese, and all sorts of indigestible things, "since childhood," in which normality has been restored quite readily, after due consideration of the physiological possibilities. Nor will this be so much wondered at when I declare that the therapeutist will hardly ever fail to restore taste or smell when lost by dissociation, and usually in one treatment.

One of the chief reasons why psychotherapy is so eminently successful in nervous disorders is that the

treatment begins to correct errors of digestion from the very first, just as it commences to relieve general tension and abnormality of glandular secretion.

T ought to explain that in some cases of dyspepsia treated by neuroinduction there is a return toward the normal anatomical arrangement and physiological disposition, even when visceroptosis obtains. This will not be in the least surprising to careful readers of medical literature—probably least of all to Dr. Percy Mitchell, who found that a mere touch of the skin near the left costal arch causes contraction of the stomach, which gives me reason to think that he will be interested in this paper. Of course, if the patient has suffered severely for too many years, recovery may not take place, although I have known men over fifty recover, in whom visceroptosis had been previously diagnosed.

I prefer to study this class of case by a "circling" analysis which may be represented in the following sequence: (1) Born sensitive; (2) business and family troubles; (3) dyspepsia; (4) constipation; (5) anorexia; (6) loss of weight; (7) worry about illness; (8) depression and neurasthenia. Another example: (1) Alcohol; (2) tobacco; (3) dyspepsia; (4) insomnia; (5) neurasthenia.

A medical man had suffered for ten years from insomnia, dyspepsia, gastroptosis, and psychasthenia. He was sent to me as suffering from psychasthenia. I could not view his case as psychasthenia following gastroptosis, dyspepsia, and insomnia, though respect-

ing the opinions of various great authorities as to the "real trouble." I found that the seeds of gradually developing insomnia and dyspepsia had been sown ten years previously by an injury to his leg, which had worried him greatly and laid him up for weeks. I was, therefore, obliged to go straight for his nervous system, which had been a sensitive one from birth, likely to beget dyspepsia and psychasthenia should any particular worry come upon him.

Thus it is immaterial to me whether a dyspepsia has been diagnosed by anyone as flatulent, hyperchlorhydriatic, atonic, or mental (Drummond), or whether this tonic or that holiday has improved it; psychotherapy of the right kind will, above all, prove equal to it. Pawlow did a great deal for psychotherapy when he dealt with non-conscious animals, and inquirers of to-day are not slow to take advantage of it. If dogs can exhibit an increased flow of gastric juice due to the stimulus of sight or sound, how much more, therefore, might we expect human beings to be influenced by induction, which has much finer mechanism as material—mechanism which is in all respects comparatively ideal.

Professor Cannon's investigations on cats may usefully be referred to. He found that disturbances in the higher cerebral mechanism associated with psychical activity caused movements in the alimentary canal and favoured digestion, which movements were inhibited by anything that irritated the animal and created fear or anger. How frivolous seem some

injunctions in the way of treatment! One may read, at the close of heavy, dignified articles in medical journals on dyspepsia, recommendations of "rest," "exercise," "fresh air and exercise," "forced feeding and rest," "Weir-Mitchell and forced feeding," and so forth; and as to drugs, what a difficulty there seems to be to find something new, authorities finally falling back in sheer beggary on the conclusion that "nothing is so good as the old things," and resorting to bismuth, soda, antiseptics, pepsin, patent foods, and even lactic acid bacilli—oh, what a museumful of remedies! How behind the times, when one knows that favourable effects in human beings had been produced by psychotherapy years before Cannon and Pawlow started experimenting! Psychotherapy would have long ago made the way it is making to-day had it not been for misunderstandings and prejudices.

Advancement, however, is often all the more swift and compelling the longer one is obliged to wait for its culmination. We now know not only that the supply of gastric juice, but a large number of other processes can be regulated, by a means operating both locally and centrally—directly and indirectly—with an ease of application, fineness of adjustment, and efficacy in respect of functional disorder, which combine to characterise the neuroinduction stage of therapeutic development as "destined to be epoch-making," to use the expression of an unbiassed and open-minded scientist who has a sufficient acquaintance with the facts.

CONSTIPATION

Is it necessary to write a word more under the heading "Gastro-Intestinal"? Does it not follow from what has already been said that there cannot be any treatment for disorders of intestinal functioning which can hope to equal neuroinduction?

Mrs. ——, of ——, fifty-six years of age, had for some years been a bad sleeper. Frequently she would "lie awake all night." She had suffered from constipation, indigestion, and disturbed sleep since childhood. For the last seven or eight years before treatment by neuroinduction she had taken every form of medicine she could procure, in considerable doses. She had not had any movement of the bowels without medicine for some three years, and never recollected being a whole week without medicine in her life. Among her distressing symptoms were almost constant headache, dizziness (sometimes so bad as to cause her to feel that her mind was becoming disordered—she could not be left alone), want of energy, disinclination for action of any kind, loss of appetite, nervousness regarding sounds, etc., sensations of fulness and indigestion, with nasty risings and tastes in the mouth. One treatment by neuroinduction, lasting thirty minutes, produced a daily regularity of the bowels; a second confirmed the new condition; since which all symptoms have rapidly disappeared, and the patient is comparatively "a new being."

Mr. ——, of ——, twenty-seven years of age,

complained of feeling generally ill. His chief symptoms were weakness, want of sleep, and constipation. He had been advised by his "chief" that if his health remained as it was he could not retain his position; he felt that he could not continue his daily duties any longer. He took pills four to six nights a week, and had reached a stage when nine were proving insufficient. He had not had a natural movement for five years. His headaches had been distracting, and the sleeplessness so severe that he could only obtain "snatches" of half an hour to an hour, being thus disturbed all night. One treatment of neuroinduction of thirty minutes' duration produced a natural movement of the bowels next morning; a second confirmed the altered state, and all symptoms cleared up, no medicines of any kind being afterwards required. The change in the man's appearance and in his cheerfulness, in the week following and since then, have been most striking, as may be imagined. In a fortnight he declared himself as feeling better than he had been since his marriage, twelve years previously, and more capable of performing his duties.

Miss ——, of ——, eighteen years of age, first sought advice for painful, hæmorrhagic piles. Her mother had been advised that only a surgical operation would cure her, such was the severity of the case. She suffered from constipation, of course, which necessitated dosing with purgatives of all kinds, without which she never had a natural movement of the bowels. There was also loss of appetite, sleeplessness, and

nervousness. She had become thin and ill-looking. The distressing pain of the piles and her "feeling fit for nothing" led the mother to take further advice before consenting to operation. I treated her twice, with the same results as in the above cases—that is to say, all symptoms disappeared, no medicines were required for the bowels, and the piles vanished, causing no more trouble.

Nurse ——, of ——, thirty-seven years of age, complained of constipation a week before each monthly period. When this set in she was sick and faint for some three hours, retching frequently, having to lie down, and feeling fit for nothing, while the pain was always great. Neuroinduction corrected the constipation the next day, and this cure became permanent, while the periods became absolutely normal, without pain or distress of any kind—and, of course, without sickness.

Miss ——, of ——, eighteen years of age, was brought to me by her distressed mother, suffering from headache and mental confusion. I found her morose and irritable, and she complained of sleeplessness. She had no appetite, constipation was bad, and she had not for years had a movement without large doses of medicine. Her monthly periods had ceased five months previously, after having been irregular for some time. Neuroinduction cleared up all symptoms, and she gained over a stone in weight in six weeks. This patient was somewhat limited in her mental powers, owing to her general condition; she was, in

consequence, at first rather difficult to treat, but a gradual improvement all round soon made it easy to obtain permanent effects. (The more intellectual a patient, the quicker and easier is the permanent cure.)

Referring to certain observations made by Sir Arbuthnot Lane, Dr. Distaso has written:

"All these observations confirm the assertion that constipation is due to the intestinal flora which cause the retention of the fæces in the large bowel for a long time. These undergo putrefaction. Hence, the production of the soluble poisons on the one hand, and the extraction of the poisons retained by the dead microbes on the other, give rise to auto-intoxication. All these phenomena are removed by the removal of the large intestine. Therefore there is no doubt that the seat of constipation is in the large bowel, and that the intoxication occurring in a constipated person is the result of the activity of the microbes of the intestine."

A well-known surgeon has contributed a very good article to the *Clinical Journal* on large bowel disorders needing the surgeon. He writes;

"Another common cause of these disorders is constipation. Of course, I cannot go into that, but I should like to say that if anyone can tell me of a cure for constipation I shall be very glad."

In this chapter he has his answer, not for a time, not such as will satisfy a passing fashion, but one for all time. Nor can it possibly be urged that the science and the technique of the treatment are difficult: the whole thing is quite easy for any medical man to

employ—at least, as regards most cases of constipation—as I am prepared any day to demonstrate.

Hertz and Newton have made it abundantly clear

"that the ileum possesses the terminal sphincter which was claimed by Professor Keith, as an anatomist, more than ten years ago; and further, that this sphincter governs (as Keith suggested) the flow of contents from ileum to cæcum. It is now demonstrated that this sphincter is regulated by impulses connected with the passage of food into the stomach—the gastro-iliac reflex. Normal iliac stasis is therefore to be regarded as the outcome of this regulating mechanism; abnormal iliac stasis seems clearly due to some defect of this mechanism. Again, after the cæcum and colon have become filled by the passage of intestinal contents through the ileo-cæcal valve, movements of the large intestine are apparently produced by the stimulus of the entry of food into the stomach—the gastro-colic reflex—which in most individuals results in defæcation after breakfast, although the desire to defæcate may also be manifested after other meals."

Professor Cannon has made it equally obvious that under certain circumstances the sphincters of the alimentary tract should relax. I simply offer the asseverations of these authorities *en passant*, as being interesting contributions to our argument. There are others worth notice in this connection, such as Caird's remark at a meeting of the Edinburgh Medico-Chirurgical Society, January, 1914, that he

"had in his experience of abdominal operations found kinks and bends but rarely, while in the *post-mortem* room he had seen cases of very extensive and serious

Torrance Thomson gave his opinion on the same occasion

"that in addition to the local condition in the bowel there was also a constitutional fault, and that nervous debility and some psychic factor were present."

All these little indications help us.

I must respectfully remind Sir Arbuthnot Lane that constipation is the initial factor which brings in train all the effects of stasis, the wrinkled skin, the offensive axillæ, the enfeebled circulation, occasionally cancer, and even certain cases of tuberculosis. To the writer of these pages the cause of constipation is equally clear. Personally, I view all this fuss about chronic intestinal stasis, and the theory that the "only thing for it is to cut out the large intestine," as a revelation of painfully ineffectual therapy, and I am not going to hesitate to say so. I might agree that it is a counsel of perfection that many large intestines should be sacrificed to-day as they exist, in a hopeless degree of disorder; but I am more than satisfied that were the principle of treatment which I advocate adopted early and extensively there would very soon be a mere fraction of the present number of cases which would require this extreme surgical measure. I feel confident that Sir Arbuthnot Lane would admit this if he *knew* the facts. In bad cases of intestinal stasis I recom-

mend treatment by high enemata over the period during which neuroinduction is employed. Cases too bad for even this procedure to effect a cure I should, of course, refer to the surgeon.

As regards technique, I declare frankly that I cannot give the proportional value of manipulation and mental induction; nor can I express an opinion as to whether it is of any use to attempt to deal separately with contractile and expansile power, when dealing with the intestines. Sometimes it seems that word of mouth gives the best results, quite independently of any manipulation whatsoever. I have tried this in a case of constipation with mucous colitis which had defied all other methods, and which was made worse by massage—this having the effect of increasing hysterical ideas. I decided to use *no* local manipulations at all, and to depend upon general training and the spoken word; the result was eminently satisfactory. I am not going to be dogmatic in any way; I feel sure that a much finer technique will be forthcoming at some future day, in the hands of those who will take up the work from the stage it has now reached, and will greatly improve upon it.

As an example of analysis of "negative circling" in intestinal stasis I offer this: (1) Depression; (2) impaired peristalsis; (3) dyspepsia and auto-intoxication; (4) central inefficiency; (5) enteroptosis and stasis; (6) loss of weight; (7) worry (illness and financial); (8) insomnia.

I must here give myself the pleasure of referring to

the work of Dr. Brock of Edinburgh, who seems to me most delightfully to understand the sequence of factors in the etiology of gastro-intestinal disorders. I would counsel students of psychotherapy to read every word whenever Dr. Brock writes the smallest fragment under this particular heading. Let such be searched for in the indices of the medical journals; they make downright good reading. I should also like to give myself the pleasure of commending the work of Dr. Betts-Taplin of Liverpool in this and in many other connections.

I will conclude a section which might well be enlarged into a whole volume by referring to a mental case. A man of forty-five had suffered from severe constipation for years, and since being under restraint had resisted all efforts made by others to compel evacuation by means of medicines; very large doses of drastic purgatives had been employed, until it was advisable to lessen the risk of poisoning by giving enemata, which required three and sometimes four strong men to administer, until something led to my being called in—as much the hopelessness and despair of everybody concerned as anything else. I secured some "snap" chances to employ neuro-induction, by means of very slight manipulations of the abdomen, while making careful and suitable remarks to others in the presence of the patient. Natural normal movements were the result. I feel confident that no treatment on earth but that which I employed—or one just similar, exercisable by any

who might learn the simple technique—could have accomplished as good results.

DIARRHŒA

In this disorder favourable results from the employment of neuroinduction might be taken almost for granted by readers of the foregoing. But some readers might, perhaps, be disappointed if I did not give a case:

A lady of title had suffered some years from diarrhœa, which had become so bad that at times she dared not leave her bed; she had been judged, by consultants of standing, to be incurable by any means short of such as would have been risky at her advanced age. Everything had been tried in the way of diet, antiseptics, and astringents. Very simple induction was sufficient to effect a complete cure, without employing any medicines whatsoever.

Where "intestinal flora" are at work in "negative circling" they might well, as a rule, be ignored in treatment by psychotherapy, for this would, other things being equal, soon restore equilibrium, and leave no chance for any flora to thrive; but in some cases certain well-known medicines will undoubtedly help, the point being that the latter might be found of little use by themselves. It is true that neuroinduction often brings about changes very rapidly, but for the first few days I should not, in bad cases, hesitate to give medicines in addition, believing that as adju-

vants to psychotherapy they will be of more use than alone—they will get their best chance, so to speak, for whatever they might be worth. Similarly, in some cases of constipation I may occasionally give some simple remedy for a day or two, until neuroinduction has proceeded far enough—especially when there is severe stasis or any degree of impaction.

Mucous Colítis

Inasmuch as many present-day physicians—among whom may be mentioned Professor Osler and Dr. Goodhart in this country, and Professor Van Noorden abroad—have regarded true mucous colitis as "a motor-sensory and secretory neurosis of the bowel, which is in its turn a manifestation of general nervous irritability or neurasthenia," the present writer's remarks regarding the effects of neuroinduction need neither be very emphatic nor lengthy. The deduction I have to make is already in the reader's mind. Another authority on intestinal disorders may well write: "From this point of view the name mucous colitis is ill-chosen."

Surmont and Detrou in France, and others, have conducted interesting experiments which demonstrate the fact that mechanical irritation determines a state of spasmodic constipation with hypersecretion of mucus, while faradisation of the vagus produces all the symptoms of myxorrhœa. Bacterial infection has also been proved capable of causing the latter dis-

order. All this is quite useful for our present argument. One is moreover quite thankful when Goodhart writes: "Mucous colitis is more of the nature of an abdominal neurosis than of any real disorder of the mucous membrane of the bowel." Psychotherapy confirms all this up to the hilt; indeed, it lets in still further light.

Miss ——, twenty-six, had suffered from psychasthenia for fourteen years, the complicating features of which ranged from dyspepsia, vomiting, and constipation, to insomnia, hysteria, and paralysis of the limbs. She had been operated on for a possible kink, for stricture of œsophagus, and also for appendicitis, with no more favourable results than could easily be put down to good nursing and a pleasant environment. At length mucous colitis was diagnosed by a London physician, when everybody concerned was conscious of great relief that something had been found to account for everything; if not accounting for everything in the past, it could at least be depended upon as constituting a diagnosis of the present condition. But the usual treatments for mucous colitis, varied and classical, proved ineffectual. The case then came into the hands of a distinguished neurologist, who recommended psychotherapy. In a few weeks the psychasthenia was reduced, the constipation was relieved, and the mucous colitis simply disappeared. Thus the patient was gradually restored to a comfortable position in the world. After being so far cured she required a little further treatment by suggestion,

being apparently ready to shrink back into some sort of neurosis due to the excitement of her new life of freedom and activity, after years of comparative imprisonment in hopeless exile from society. Finally she grew accustomed to normal life. No healthier or happier human countenance could be seen to-day: she presents no sign or symptom which could be discerned in the ordinary observation even of experts—nothing but the marks of old operations.

As an object-lesson, which teaches various scientific truths regarding the functioning of the alimentary tract, whether associated with psychasthenia or no, the following notes of a case will be found worthy of study. I give first the "negative circling" of the patient, a man aged fifty-five, who had been energetic, clever, and prominent in the business world: (1) "Nervy," highly strung; (2) successful in business; (3) constipation and mucous colitis; (4) dyspepsia; (5) insomnia; (6) phobias; (7) highly obsessional; (8) losing flesh.

He was sent to me by his general practitioner after he had conferred with two consultants. I picked out (5), (6), and (7) as the chief "arcs," requiring immediate psychotherapeutic attention, and in dealing with these I knew I should also benefit the dyspepsia. I then found a distinct food phobia amongst others, the patient being afraid lest he should not be getting proper nourishment all the time. Though I had early formed the opinion that overfeeding had been contributory to arc (4), I considered that I ought to be

careful not to cause any negative addition to arcs (5), (6), and (7); I therefore postponed dieting for arc (4) until (5), (6), and (7) were less negative. I told the patient I was going to diet him later on, which pleased him greatly, until I explained that I should be obliged to reduce the amount of food. Now, even though I had inducted in the direction of easy resignation in view of the change, this did not operate far enough to prevent a measure of alarm. Letters were at once sent to relatives and doctors, to the effect that he thought he had better return home; he told them he was afraid he should become thinner, because I was going to reduce his food. My answer was a typewritten page of dietary for him, and a copy for his nurse-companion, with injunctions to the latter that she should help the patient to adhere to it, for it was severe; it brought the patient down to about half the amount of food he had been taking for at least a couple of years. I believe the patient would have gone his own way and sought other advice, under the obsession of an added phobia, had I not established some amount of confidence in dealing with (5), (6), and (7). I managed to steady him over the added phobia. A few weeks went by, during which time I saw that he was making quite good progress all the time, and in every direction. One day I saw that a tight collar round his neck was likely to hinder circulation; I therefore instructed the patient to get new shirt neck-bands and collars. I now gave instructions that he should be weighed, and found that he had gained one and a

half stone in six weeks, to his own amazement. This marked the completion of his perfect cure.

It is characteristic of such cases that this patient had for three weeks turned a blind eye to his improvement, owing to a remaining trace of fear that it might not be real, or that it was only quite ephemeral, and would be followed, perhaps, by a relapse.

The literature which favours and confirms my conclusions is enormous; or perhaps I had better put it the other way, and observe that my conclusions, which are based on obvious restoration of vital processes by induction, serve to substantiate the innumerable conclusions which have been arrived at by great authorities. I may refer the reader to Professor Keith's theories as to the causation of enterostasis (*Lancet*, August 21, 1915), a most valuable and learned article; also to the contribution of MacNiven, of New York, on the emotional influences in gastro-intestinal diseases, as reported in the *Medical Press* of October 31, 1917. On gastro-intestinal secretions and functions, Beaumont, Ridder, Schiff, Richet, Rogen, Le Coute, Bickel, Auer, Mantegazza, and Kast have done magnificent work. MacNiven has drawn from various conclusions the following facts:

(1) The initial flow of gastric juice is psychic. It is brought about through the sight, odour, taste, or chewing or swallowing of food under normal conditions, whether the food enters the stomach or is sidetracked, as in sham feeding. (2) The flow of saliva

and pancreatic secretions, and, to some extent, of the bile, is more or less subject to the same influences that govern the gastric secretion. (3) The flow of the digestive secretions may be modified or inhibited as a result of great disappointment, disgust, fright, anxiety, rage, or pain. (4) Fatigue or systematic infections may cause a temporary or prolonged cessation of gastro-intestinal motility. (5) In the absence of appetite or relish for food, there is a diminished activity of the secretory glands of the mouth, stomach, etc. (6) The factors influencing the digestive secretions may also modify or temporarily inhibit the motility of the stomach and intestines.

Dr. Guthrie Rankin is very helpful in his article entitled "The Highly Strung Nervous System," in the *British Medical Journal* of October 21, 1916, in which he concludes that "Mucous colitis is yet another intestinal derangement which seems to be more truly symptomatic of a leakage of nerve energy than of any established change in the colon itself."

CHAPTER VIII

HEART AND CIRCULATION

In considering Raynaud's disease, "local asphyxia," symmetrical gangrene, acroparesthesia, angioneurotic œdema—diseases which Kinnier Wilson and others agree are so obviously associated with disturbances of the sympathetic innervation of the vascular system—the reader must at this stage of our study see that there is a vast field of usefulness for psychotherapy, not as something to turn to when everything else has failed, but as a therapy which easily wins its own title to the front rank wherever it is clear that the nervous system is sympathetically involved.

My technique begins by making the functioning of the whole system easier, through lessening strain and abnormal activity. In any case of disorder of the heart's action the physician will induct towards the subconscious with extra care, just as an anæsthetist will tend to be more circumspect.

Psychotherapy need be no more risky when applied to any disorder whatsoever than a simple discussion between two people, one of whom is "ill." In neuro-induction the mind and body of the patient are brought to a better and easier level of action, just as

a printing machine may be prepared, by certain adjustments which ease it, to run much better than it did before it received experienced attention.

In treating cases with a view to reducing blood-pressure, even if the physician begin by first endeavouring to allay supraconscious excitement he can only benefit the patient at the outset. He may well leave alone the heart itself. There will be no occasion to rush at this organ; it will be relieved by indirect influence, provided the excitement incidental to the preliminary interview be allayed by suitable demeanour and words that make for easy understanding and acquaintance.

Take the case of a retired general officer, aged seventy-two, who was sent to me by his family medical practitioner, who had conferred with a neurologist of rank. He suffered from outbursts of anger on little provocation, on which occasions he developed clonic and tonic contractions of the limbs, and other nervous manifestations, which caused alarm. He suffered not only from a high-tension pulse, but from extreme irregularity of the heart's action. It was feared that he might drop dead any day, and all walking had been stopped by urgent order. His pulse was uncountable. He made rapid progress towards recovery from the first induction; and in three weeks he enjoyed walking up-hill, the heart being perfectly regular, arterial tension having gone down to as near normal as a good deal of atheroma of the arterial walls would allow.

Respecting auricular fibrillation, Dr. Charles H. Miller has written a very interesting article (*Lancet*). I should like to quote a few words from this, as follows:

"In the particular functional disorder we are dealing with the cause is only conjectural. Auricular hyperexcitability is provisionally suggested as the direct incentive to fibrillation of its musculature. Neither is the *causa causans* known, though it has been noted that both gross and microscopical examination have shown in the auricular inflammatory and structural change. In a few cases it is possible that nervous influences have been an important factor. So far, no drug has been discovered that has any effect in either preventing or checking fibrillation. Not even digitalis, which has so potent an effect in lessening the severity of the associated symptoms, has any effect in this direction. Complete cessation of fibrillation may occur independently of any known cause, and the same may be said of its onset."

I will refer to an actual example, as severe a case as could ever be observed, in my opinion. A man, twenty-seven years of age, had been suffering for some years from "failure of the heart's action," which had gradually become worse; he suffered from syncope, and had fallen down occasionally. He had been treated by many doctors, including a specialist, and was sent to me because report had reached the latter of another case which had been treated with success by neuroinduction. His condition was approaching emaciation; his eyes were sunken, and he walked with great difficulty even with assistance. He could only

take very small quantities of soft food, dyspepsia being very severe, while insomnia had set in to hasten on the end. He sighed during his first interview, telling me that he felt every moment that he would "go down." I steadied him; he then reclined upon a couch. Momentary palpation indicated that his pulse was quite impossible to count. Naturally, he began to improve from the first treatment. There were so many "negative arcs," however, that treatments once a day for ten days were required before he could begin to smile. In three weeks he had gained a stone in weight, and in six he was practically normal all round. He now tried some light gardening, then heavier exercise of this nature, with interested pleasure. As the weeks went by he made no complaint whatever worth speaking of. He is at the moment of writing engaged in heavy artillery work.

I have treated cases which have clearly indicated the value of psychotherapy in actual valvular disease. This should go without saying. Not that drugs and other hygienic adjuvants should be considered of little value; but it naturally follows that if functioning is cured by neuroinduction when there is no actual disease this treatment is at least likely to confer some benefit when there is disease. An example has already been given in the chapter on "Object Lessons."

Three cases will close this chapter, and will serve to teach their own particular lessons:

A retired officer of the Indian Army, aged seventy-

two, had become "tottery" and feeble. The doctor warned his wife that he might fall dead at any time, and that he should always be attended when walking out, for his heart had become enfeebled. Having developed shakiness of the hands, dyspepsia, and irritability of temper, he was sent to me for treatment by neuroinduction. I found a very irregular and intermittent pulse. After three weeks' treatment by neuroinduction he was taking walks up stiff inclines alone. A few months later all "nerviness" had gone, and he became an enthusiastic motorist; even a severe accident did not upset him more than it would any average person.

A schoolmaster was sent to me by a neurologist, whose advice had been sought by a leading heart specialist on account of irregular cardiac action, with dyspepsia and insomnia, the heart being mentioned as the chief offender. Everything had been tried in the ordinary way, including some weeks' rest in a nursing home. Three treatments re-established perfect action of the heart, and, incidentally, removed other difficulties, so that the patient was able to declare that "he had not felt so well for many years."

Mrs. ——, forty-five years of age, had suffered from psychasthenia, with weak circulation, for two years, having had nurses in constant attendance, day and night, for half this time. She was advised to come to me in the month of September, but she declared that my services would be of no use, because she could not possibly live through another winter, as the cold

affected her so much. "Could I not go as far south as possible, and come to you early next year?" was her anxious enquiry. I decided that she had better be treated at once. In a month the nurse was sent away. In two months she was almost normal. The first frosts of the season she enjoyed, whether in bed or out walking. She has since enjoyed perfectly normal health, having gone through yet another severe winter.

CHAPTER IX

PULMONARY CONDITIONS

PHTHISIS

NERVOUS coughs are common, more so than is generally imagined. Beginning with a slight real cough, due to the presence of micro-organisms, or to trivial local inflammatory sensitiveness, the neurotic habit may easily be superimposed—all the more so when there is any fear of becoming worse, or of particular consequences arising, which may so contribute to "negative circling" as to make the latter powerful. To give an example: (1) Nervously sensitive constitution; (2) slightly run down; (3) bronchial catarrh; (4) cough; (5) worry; (6) additional nervous cough; (7) dyspeptic malaise; (8) tubercular invasion.

Such a study of consequences will persuade us that phthisis may often be of nervous origin. Indeed, the more we study this disease the more established will our conviction become that it deserves to be described etiologically as founded, at least as often as not, primarily on a neurosis. Twelve years ago I made a special study of phthisis in a well-known sanatorium, for a period of eighteen months, during which time I founded an adjoining establishment for nervous con-

ditions, so firmly convinced had I become that what helped the one order of disease would surely be of great value in the other. The nervous character of the majority of cases of phthisis was further borne in upon me by fuller study. I found the sort of "circling" indicated above to be very common, and I have not the slightest doubt but what the same conclusions would be reached were one to analyse the patients of any sanatorium. I will pick another case out of a number: (1) Nervous family; (2) worry; (3) cough; (4) dyspepsia (loss of weight); (5) loss of employment; (6) worried by relations; (7) fear of phthisis; (8) more cough and malaise (tubercle diagnosed). The reader himself may easily find variations of vicious encirclement in recalling cases he has known. Instead of worry through loss of employment as a factor, we may have a wife who is disappointed in her husband; or the latter may be depressed about his future. In many instances a number of "worry factors" enter into action.

Authorities who have command of funds, powerful benevolent societies founded for the purpose of dealing with the "great white scourge," would do well to begin with a study of the psychology of the consumptive. The open-air treatment has been found efficacious in certain instances, as when sanatorium life has tended to correct "negative arcs." I now offer an example of "positive circling" in a case of cure:

(1) Brighter hope away from causes of worry; (2) the *via medicatrix naturæ* given the best chance;

(3) gland action and metabolism improved; (4) sleeping better; (5) feeling stronger and gaining weight; (6) good appetite.

There has recently been a discussion on tuberculosis at a meeting of the Medical Society of London. Under the heading "Expert Opinion on the Sanatorium Treatment of Tuberculosis," the *British Medical Journal* referred to the occasion in these words:

"The recent discussion at the Medical Society of London has served to indicate the considered opinions of a large number of physicians and others who have had long practical experience in dealing with tuberculosis. That sanatorium treatment has not as yet fulfilled the expectations entertained when it was instituted has long since been obvious to everyone.

"Neither the general cure incidence nor the death-rate have been materially affected. As a general outcome of the discussion, it would seem that sanatorium treatment from the public point of view has proved to be a failure, although it has rendered very material service to individuals."

This might possibly serve to shake some people's faith in Dr. Bodington's simple teachings many decades ago, and, indeed, in every expert's opinions since. But let us consider carefully why sanatorium treatment has failed. Open-air methods have been right to some extent—Bodington's ideas will never be anything else but right—but the fact is that sanatorium life has not fulfilled them; it has too often overdone them, and in addition has defeated its own good ends in other respects, having created an artificial

environment for patients in the mass in which they could not lead the *naturally happy* lives which Bodington meant them to lead.

As in the case of nervous or mental disorders, for phthisical people to herd together, to see each other's plight, to hear each other's distressing sighs and coughs, and to exchange hopeless stories, is bad for all; not to speak of infection, which in my opinion should be quite a secondary matter, notwithstanding authorities who have made it of prime, almost of sole moment. All but the obstinately blind and foolish will to-day realise that in order to cure consumption it is not so much the bacillus that should be aimed at as the soil. When the latter is healthy it is *ipso facto* unfavourable to the bacilli.

I therefore come to the conclusion that the following represents a more correct etiologic study of consumption:

1. *Depressed Spirits.*—Practically always an initiating factor; absolutely always identifiable as an "arc" in "vicious circling."

2. *Dyspepsia.*—This is chiefly the result of depressed spirits.

3. *Unhygienic Surroundings and Habits.*—*Sometimes* apparently an initiating factor, but nearly always a secondary one. If apparently coincident with (1), I have usually found it to be plain that (1) had entered first: it is to be noted that in many cases (such as those of athletes, sailors, etc.) the surroundings had been hygienically excellent.

4. *Inherited Tendency.*—This might be bracketed with (1), for in very many cases the tendency to despondency and to "take things to heart" is clearly inherited. In a family with a bad history of consumption I found that it was the cheerful-spirited who had survived, and who had got well soonest when attacked.

The above etiology will help authorities to realise why sanatorium treatment has only to an extremely small extent been successful. Patients who have been happy in sanatoria (more particularly those of the poorer classes) have done well; those of the better classes have not progressed nearly so favourably, because the environment has not been so conducive to good spirits.

Cases of phthisis arising in unexpected quarters are an interesting subject of study. The disease is found among sailors, soldiers, and athletes often enough to make scientists ponder deeply. Many have found this problem insoluble, even to the present day. Instances have been referred to family history, or to some specially unfortunate chance acquaintance with a more virulent type of bacillus; but usually such cases have been absolutely inexplicable. It is through a study of the neuroses, however, that we are able to approach the right solution. The successful athlete is often a highly-strung individual, who thinks hard, and applies himself to his work or hobby most enthusiastically, diligently, and successfully, but who is very prone to worry subconsciously and in secret. He may be a good sportsman, saying very little about his feats,

but his thinking hard affects his digestive powers; he may become overwrought, physically and nervously, and very rapidly develop "negative arcs." It is true that hard training may help to create "positive arcs," but it will also contribute "negatives" in certain constitutions. Any disappointment after making special efforts is apt to create a very powerful "negative arc."

The *British Medical Journal* of May 21, 1910, contributes the following in a leading article:

"Dr. Maurice Fishberg has discussed the psychology of the consumptive. He holds that, excluding nervous disorders, there is no chronic organic disease in which the psychical control of the patient is a more essential condition of successful treatment. He says he has seen many cases of tuberculosis on the down grade in which improvement—indicated by gain of weight, recovery of appetite, and mitigation of cough—followed examination by a new physician, who insisted on going through the whole ritual of physical examination in its minutest details, using the X rays, the ophthalmis or cutaneous tuberculin test, and examining the sputum and urine in the presence of the patient, but making no change in the treatment. The same directions that had already been given without benefit were repeated, but in different words. Dr. Fishberg adds that many consumptives had undoubtedly been benefited by the different kinds of 'mind cures.' . . . But few writers on tuberculosis have taken into consideration the mental state of the patient, though many mention the importance of perfect discipline and the influence exerted by the physician. . . . The attention of medical practitioners has been called to the relation of the nervous system to tuberculosis by the large number of consumptive lunatics, especially in asylums. Clouston has stated

that the death-rate from tuberculosis among the insane is three times that among the sane of the same ages. . . . Another proof of the influence of the nervous factor in pulmonary tuberculosis is the prevalence among consumptives of neurasthenia and hysteria in their various manifestations."

A consulting physician to a leading hospital for consumption replied to an eminent counsel in a court of law: "I attribute recovery to a variety of circumstances. I have even known a very bad case recover because he had been very successful in writing a book."

Asthma

We had better begin our study of this disorder by accepting the definition of Sir Samuel West: "Asthma is a widespread spasm of many groups of the respiratory muscles." Here we have a direct avenue to the solution of the problem of treatment clearly opened up for us, for we know that muscular spasms of all kinds can be promptly and successfully dealt with by neuroinduction. Let us again accept the assistance of this distinguished physician, and quote from an address which he gave before the Medical Society of London in 1912:

"The extraordinary fact about asthma is the variety and multiplicity of causes which evoke an attack. Yet the individual must be asthmatic—that is, predisposed—for the same irritation which excites an attack in such an individual will have no such effect in a normal person. It is this underlying predisposing condition which is the essential factor in asthma. This cannot be seated in the respiratory

centre in the medulla, but must be looked for in centres above this, possibly in the brain itself, though we do not know where."

After comparing asthma with epilepsy and pointing out how often both are hereditary, while the one often alternates with the other, he went on to observe:

"These and similar considerations lead, necessarily it would seem, to the conclusion that the asthmatic condition must be of central localisation, and that asthma must therefore be regarded not as a respiratory disease, but as a central respiratory neurosis."

In fact, had psychotherapy never been tried in asthma, one could almost visualise an earnestly inquiring physician, moving towards the small end of the network of evidence by the sheer process of plain exclusion and deduction, the meshes closing in behind and around him, until out of the hopelessness of his heart he frankly invited the psychotherapist to see what he could do in a case of difficulty. Now, just what he can do is fairly well illustrated in the following case:

Mrs. —— had been a martyr for some years to asthma. She had been in an attack for three days and nights when she sent for the present writer. Her husband declared she had "never closed her eyes, and had eaten nothing." She looked a pitiable object. I asked the husband to remain in the bedroom, for I wanted his wife to rest awhile. I put the patient's head back as far as the necessarily strained sitting posture would allow, resting it on heaped-up pillows,

I then inducted to relaxation, telling her that she would notice her breathing becoming slower and easier, and that she would fall into a comfortable sleep. I then left her, after observing that the breathing was already becoming easier. I afterwards learned that the breathing had gradually become ordinary as she slipped *pari passu* further into the recumbent posture, and that she had slept for twelve hours—only being disturbed now and again by a "phlegmy cough"—having awakened just once, when she asked for a drink of milk, after which she relapsed into a comfortable sleep immediately. She had only one threat of uneasy breathing at any time afterwards, over a period of eighteen months during which her case was under observation. This cleared up in a few minutes.

I have helped to establish the fact that bronchiolar muscular contraction is the chief factor in the causation of asthma attacks: psychotherapy has tended to confirm this, for I have obtained favourable response to muscular induction without making any appeal to the central or local vaso-motor mechanism. But I am bound to add that it is not at all unlikely that in the latter technique muscular relaxation has caused vaso-motor relaxation by autoinduction, or through some reflex neurone association, for there is a distinct connection between the respiratory, vaso-motor, and cardio-inhibitory bulbar centres.

Now I just want the reader to understand that the above is not a solitary case treated as if by magic. Thousands of people can be treated successfully in

just the same way, not by me, who could not take them, but by others who could easily learn what to do.

Just as Sir Samuel West's words, which I have cited above, are true, so it is equally true that there is an instant remedy in neuroinduction when carried out efficiently. I do not care what may cause the "spasm of many groups of respiratory muscles"; psychotherapy will relieve it, if the mind of the patient is sufficiently clear, to an extent which is variable according to the precise nature of the causation, sometimes at once and permanently, at other times after a few treatments directed against various "arcs" of "negative circling."

In an article contributed to the *Practitioner*, Dr. Arthur Latham has written:

"I do not propose to deal with a classification of the different forms of the disease, or to discuss the different forms separately. I wish once again to call attention to the form of asthma—in my belief the form most frequently seen—in which the disease depends largely upon the interaction of an abnormally sensitive nasal mucous membrane, and in this respect an abnormally excitable condition of a portion of the nervous system. Many other authors have discussed this question. I have nothing new to add, but I direct attention to it once more, as I do not think its practical importance has as yet been sufficiently grasped."

It follows that some cases, though they may be at once relieved in an acute attack of asthma, may require further treatment for dyspepsia or worry—dyspepsia caused by worry. Cauterisation of the nose is undoubtedly in very many cases effectual as

a treatment by suggestion. I do not think that even surgeons who deal specially with the nose will dispute this entirely.

Psychotherapy will sometimes affect a cure in cases of asthma caused by nasal polypus; nor is this at all to be wondered at. Francis himself found that "asthma has been relieved, more or less permanently, by cauterising the nose without touching the polypi." That neuroinduction will reduce local sensitiveness is now a commonplace; we are prepared to agree with Dixon, Brodie, and Dundas Grant that in certain cases of asthma "a most important reflex is from the nasal mucous membrane." Not that one would allow for a moment that any polypus should remain where it is—far from it; the argument is merely advanced in order to prove the feasibility of the main contention.

We may also read the further words of West with much profit:

"Inasmuch as the cure of chronic nasal disease involves prolonged, tedious, and often somewhat distressing treatment, hesitation may be felt before advising patients to submit to it, until ordinary methods have failed—unless the indications pointing to the nose as the source of irritation are much more evident than in most cases they really are."

Dr. Bellingham Smith, in an article contributed to the *Practitioner*, mentions an interesting point in respect of asthma in children, in these words:

"There appears to be little doubt that, when the attacks are allowed to persist, the 'habit of them,' if I may use the expression, tends to become stronger.

This suggests that each recurrent attack acts as an incentive for another, by leaving behind a more easily excitable or more unstable nervous centre. Every effort, therefore, should be made to check the recurrence, or to lengthen the period between attacks."

This is in complete accordance with my own views with regard to epilepsy, where I have found the same developmental tendency.

As regards cardiac asthma, concerning which so much has been contributed in debate, I agree wholeheartedly with my distinguished clinical tutor, the late G. A. Gibson, who maintained that there was but one true asthma, which was neurotic in origin, and must be distinguished from the dyspnœa due to toxic causes or to the cyanosis of cardiac disease, and who wrote that—

"Asthma is a spasm of the smaller and smallest bronchial tubes, brought about primarily as a result of neurosis. . . . Cases of heart disease in which paroxysmal dyspnœa occurs naturally fall into two great classes. To the first belong patients with a tendency to cyanosis, who, from the increased cardiac weakness attendant upon sleep, or in consequence of some peripheral disturbance—for example, a distended stomach—suffer from paroxysms of breathlessness."

I have found that psychotherapy acts both directly and indirectly, and I agree absolutely with Mackenzie, who has written :

"I have elsewhere shown that the most instructive clinical phenomena are reflex in their origin, due to the fact that there is a nervous relationship between different organs and tissues, so that the affections of

one organ can be manifested by phenomena in another organ or tissues remote from the offending organ. It is usually admitted that asthma can be provoked by remote organs stimulating a region in the central nervous system. This region can be played upon by any organ that is capable of giving rise to an adequate stimulus, and there is no reason for assuming that what many organs can do in this respect the heart cannot also do."

Yet those who support the vaso-motor theory in considering the causation of asthma are equally favouring the psychotherapist, who does not much care what theory may be final so long as he can get results which nothing else can surpass.

When Dr. Francis suggests that nasal cauterisation for asthma reduces blood-pressure, and thus causes an improvement, he employs the best possible argument in favour of psychotherapy.

Gibson not only believed that "all true asthma was neurotic," but that suggestion might be helpful in neurotic patients. He frankly stated this in an address. He would have spoken in no uncertain tones had he understood the methods of suggestion as they are explainable to-day by his former pupil. Dr. M. Saenger of Magdeburg has also assisted me in my contention, for which I have to thank him. His opinions are reported as follows:

"Narrowing bronchioles by reflex action, when once it has occurred, is prone to occur again, and so to lead to irregular recrudescence of the trouble. But the psychical element has also to be reckoned with, and the author recognises that there may be a morbid

direction of the attention of the patient to the association of symptoms, which may lead him to the constant fear that the symptoms which ushered in a previous attack are sure to lead to another. This fear is not controlled by the will, and the object of a part of the method of treatment which Dr. Saenger advocates is to overcome this want of will, and to enable the patient to realise that his will power is not lost, and that he can to some extent control the onset of the malady by its exercise."

The worst case of asthma I have seen in my professional life was that of a lady of title. She had suffered for twenty-five years, and had tried everything, from the leading consultants' recommendations to a well-known American remedy for inhalation which contained cocaine. She had reached the vicinity of sixty years of age. Her trouble had become gradually worse; she finally became afraid to eat anything but small amounts of certain well-known invalid foods. She was reduced almost to skin and bone, and became so weak that it was not safe to allow her to walk without assistance.

Neuroinduction helped breathing, digestion, and insomnia, and the patient felt so safe after a dozen treatments that she became quite independent of the cocaine inhalations. She has remained quite well for the past two years.

Practically nothing remains to be written on the subject of hay asthma, after so many direct and indirect indications in the foregoing pages. I may mention a simple case which may interest the reader. A youth, twenty-four years of age, had been a sufferer

for several years. He mentioned this fact to me one winter, when quite well. I told him to see me if an attack should be either threatening or actually commencing the following season. He came to me. I found one of the chief exciting causes in his case to be the effect of morning sunlight coming through his office window, although he did not know that it had exercised any unfavourable influence over him. I first tested this by advising a change from this office window, which had a favourable effect to the extent of reducing the local sensitiveness to normal proportions; and he was not troubled again. He had read every bit of literature he could obtain on the subject, and had never been able to get satisfactory relief before.

The worst case of hay asthma I ever had to treat was a man who had had seven operations on the nose, and who had never been capable of engaging in any employment, for his general health had always been below par. He presented no less than eleven complications. He was treated by me in 1915. He has never had another attack since, and has since become an officer in the army. Nor was it military life that cured him; he was definitely well before he offered himself for service.

CHAPTER X

DISORDERS OF GLAND FUNCTIONING

It will be found that the quality and the amount of glandular secretions can be regulated by a properly applied neuroinduction. This is the plain teaching of to-day. It is true that both quality and amount are controlled by autonomous mechanisms, but these are so associated with central processes that under certain circumstances a very considerable amount of control by suggestion can be exercised. Neuroinduction will, on the one hand, help normal secretion to take place, by eliminating or modifying such checks as have come into play, in the form of mental stresses and strains, and on the other hand by enabling emotional stimulus to produce its special effects.

We all know of Pawlow's experiments, and are thankful for them, but the reader has yet to learn how readily most of the human glands can be made to respond to the experienced efforts of the psychotherapist. Physicians working on the lines of suggestion have long ago concluded that as the secretion of the salivary fluid is increased by the mere supraconscious appreciation of food, it should require very little

influence to make the glands energetic at will; and they found that certain suggestions yet further increased the secretion of the fluid. Now, not content with this very familiar object lesson, I felt convinced that other glands would similarly exhibit increased activity under certain circumstances. After working under this belief for some years, I have now plenty of evidence that practically all the glands will respond to suitable induction.

Kinnier Wilson has made splendid contributions to the physiology of chromaphil tissue and its secretions. Those interested will do well to follow the writings of such authorities, for they provide the psychotherapist with the bricks and mortar for his work; they serve to elucidate physiological action, and help to make the subject of exaltation of central influences as a stimulus to the glandular secretions a most fascinating study — one which is destined seriously to occupy the minds of scientists in the future. I should not think of attempting to belittle such preparations as adrenalin, which are interesting and valuable remedies of the more artificial therapy, but I am bound to conclude that before many years have elapsed it will be generally admitted that neuroinduction in the direction of full natural functioning is an even better means of accomplishing the end to be desired.

I claim, and am prepared to prove, that neuroinduction is to-day the best of all treatments for constipation. Should the reader doubt this, he will not do so many

years longer. I am of opinion that the favourable effect of suggestion is due to a correction of tenseness or sluggishness, not only in local automatic action, but originating in some central "negative" influence. I am also of opinion that improvement in dyspepsias treated by psychotherapy may be similarly explained. Nor is it necessary to make any direct verbal reference to sluggishness in applying neuroinduction; merely by securing an absolute physiological relaxation of the general system, psychotherapy will sufficiently relieve abnormal nervous tension to afford obvious relief in many cases. But the technique must be adequate. I do not refer to a simple relaxation, such as may be enjoyed by a person sitting limply in a chair or lying easily in bed.

Several psychotherapists have obtained favourable results in the treatment of diabetes, but rather by way of experimenting than by the systematic practice of a special technique. Moreover, they have not applied a reasoned method. Their cures, complete or partial, have to them been simply adventitious. In such instances I am of opinion that mere induction toward the subconscious—however crude or old-fashioned may have been the method employed—has permitted restoration to a better state of equilibrium, through relaxation of both mental and physical strain.

Diabetes I am bound to regard as essentially belonging to the category of nervous disorders. It is a functional disease commonly occurring after or during nervous strain, usually in those who have a family

history of diseases and disorders begotten of over-sensitiveness. Modern life seems justly incriminated for the production of conditions favourable to its development, particularly among the well-to-do. Jews are especially liable to the disease; after years of increasing prosperity, should luxurious living cause a permanent strain upon the internal organs, and should anything then occur to produce a season of great mental depression, their physiological system is liable to serious functional disorder.

The disease sometimes occurs as a complication of other abnormal conditions, such as mental disorders, Graves' disease, climacteric disturbances, etc. But here again psychology and psychotherapy help us. We may be certain that the disease is usually a functional one because it has been found that psychotherapy is curative—or, at any rate, is so sufficiently often to convince us. A study of instances of spontaneous cure gave me some idea as to the results I might expect from treatment by psychotherapy. To give an example: A lady had five bad attacks in ten years, it being clear that each was precipitated by worry; she recovered each time completely as soon as the worry lifted, it having been obvious to all who had closely observed her case that medicines and diet had availed but little in comparison.

I have come to look upon diabetes as presenting etiological similarities to mucous colitis and dyspepsia, in certain respects, all three being usually due to some sort of strain which has upset the sympathetic

balance. I am compelled to look upon neuroinduction as the treatment *par excellence* for these three disorders. I am quite confident in my own mind that although diet may be found to be of very great value in diabetes, as in mucous colitis and dyspepsia, nevertheless psychotherapy will in time to come prove to be the first specific. A considerable number of successes amply prove my contention.

That Professor Macleod of Cleveland should have found evidence which "led particularly to the elucidation of the control by the splanchnic nerves of the glycogenic function of the liver" is good hearing for the psychotherapist, who knows how the sympathetic system lends itself to ameliorative induction. Hale White also helps us thus:

"It has been known for a long while that various disorders of the nervous system will cause glycosuria; indeed, rather over thirty years ago it was urged by some that diabetes was a disease of the nervous system. Instances in which it has followed shock and mental emotion are on record, and it has been known by Cannon and others that glycosuria appears in cats if they are frightened by a dog. Glycosuria has been found in association with meningitis, cerebral tumours, and other organic nervous diseases. It may, if carefully sought, often be found after severe concussion. But most of these nervous varieties of glycosuria are clinically unimportant, for either the nervous lesion soon kills or the glycosuria is slight and transient. We know nothing for certain as to its mode of production in men, but, because the secretion of adrenalin is under the control of the splanchnics, it has naturally been suggested that nervous glycosuria is really adrenalin glycosuria, and for this there is strong experimental

evidence; or that, as the cervical sympathetic sends fibres to the pituitary and excision of the superior cervical ganglion leads to glycosuria, all nervous glycosuria is really pituitary glycosuria; or it has been thought to be due to influences reaching the liver through the nervous system and leading into a rapid transformation of glycogen into sugar. . . . Turning now to the treatment of glycosuria. The influence of the nervous system is well exemplified in the benefit that follows a tranquil life. A moderate amount of work without anxieties, excitements, or worries suits best. I know a busy medical man who suffers from glycosuria which always disappears when he takes a restful holiday, though he does not alter his diet. The bad influence of excitement is seen not only in its effect on the sugar, but it is well known that it will induce coma."

Lecorche held the opinion that diabetes is due to an "exaggeration" of the hepatic functions. Seegen, Pavy, and Schiff have all admitted the existence of hepatogenous diabetes. Gilbert was of opinion that there were two types of diabetes caused by functional hepatic disorders: one due to hyperhepaty, the other to hypohepaty. Opium derivatives have long been found advantageous in this disease; I believe that this has been due not only to their having produced feelings of well-being in the minds of patients, but to their having created a better functional balance in strained states of the nervous system, through the general relaxation induced.

Abrams, of San Francisco, has put forward a vaso-motor theory of diabetes; he considers that we have to deal with a vaso-motor paralysis, which results in

an increased supply of blood to the liver; he has referred to good results having been obtained from vibrotherapy. Doubtless the latter served to ease tenseness of various kinds, but possibly largely through suggestion: I have found that no system lends itself to favourable treatment by neuroinduction with more obviously satisfactory results, both locally and generally, than the vaso-motor system.

Some authorities have demonstrated the existence of functional incapacity of the "islands of Langerhans of the pancreas" in diabetes. Leonard Hill has published his belief "that the cause of the non-utilisation of dextrose is the absence from the organism of some internal secretion of the pancreas." MacCullum and Weichselbaum have pointed out the great part played by the internal secretion of the pancreas in carbohydrate metabolism. All these conclusions I cannot but regard as affording arguments in favour of treatment by neuroinduction.

I will now turn to Graves' disease. Mrs. ——, thirty-five years of age, married, had suffered for several years from enlarged thyroid, chiefly on the right side, together with tachycardia, insomnia, exophthalmos, headaches—also chiefly on the right side—and laryngeal cough. She was thin and dyspeptic. Treatment by ordinary means had given "very slight improvement at times." As phthisis was said to be threatening—there was an obstinate bronchial catarrh—her condition began to appear desperate to those concerned. As a last resource she was sent

for treatment by suggestion. This cleared up all symptoms in a few weeks, excepting occasional bouts of coughing due to slight remaining dyspepsia and bronchial catarrh. Later the patient rapidly gained weight and became, as her husband described her, "a new woman." Simple analysis revealed an injury which she had once sustained on the right side of the neck and face; this possibly determined the one-sided character of the case. The thyroid was not quite reduced to normal dimensions, but had become very nearly normal, when the patient felt so well that further treatment was deemed unnecessary.

As to the technique to be applied in exophthalmic goitre, I do not advise great attention being paid at first to the particular gland affected. Not that I need particularly warn the practitioner against paying attention to one part only, for I have never seen any evil result from so doing. I recommend general treatment for a few days — that is, treatment directed toward reducing the heart-beats, making the patient comfortable all round, restoring sleep, helping the digestion, steadying the breathing, and allaying any tendency to cough. After this a little attention may be paid to the gland in the way of gentle palpation.

In myxœdema I have obtained favourable results in cases of many years' standing; after general treatment I have stimulated the gland by gentle rubbing.

I do not yet know whether the local palpation of the gland is of any advantage or not. I have not yet treated a case without giving some local attention, for,

in natural interest, I have in every instance been anxious to apply all likely neuroinductive means, so that favourable results might be quickly obtained, and I have not cared to delay these results by any undue experimenting. But I shall not be surprised if it is found in future that mere suggestion generally applied so levels the balance of polyglandular action that thyroid activity is reduced or increased, as the case may be, although no particular attention has been given to the gland itself.

Turning to some of the literature dealing with exophthalmic goitre, it has been pointed out by Dr. Leonard Guthrie and by Dr. Hector Mackenzie that fear has been known to cause acute enlargement of the thyroid. There is also a case recorded by Dr. Brand, in which he sought to stimulate the vagus centre in the medulla by applying linimentum iodi behind and below the angle of the lower jaw. He writes:

"As soon as blistering occurred the nausea rapidly subsided and disappeared in a few days, to reappear, though to a less extent, when the blistered parts had healed. Fresh blisters were induced just below the previous ones, when the nausea once more disappeared and never returned. The patient was then able to take and retain food, and gradually put on flesh. Not only was the nausea removed, but the pulse-rate also fell in a week or two from 120-140 per minute to 80, soon afterwards becoming normal. This result may have been due to the afferent stimulation of the vagus centre causing afferent influences . . . to the stomach and heart."

Gibson wrote on the subject of emotional causation and recorded a case as follows:

"A washerwoman, while standing at her tub, received a great fright owing to the roof of her house falling in upon her, and she entered a ward two or three days later with pronounced features of Graves' disease. . . . Irritations of mucous membrane of the digestive, respiratory, renal, and reproductive systems are undoubtedly causes; when these conditions are relieved the affection is greatly ameliorated. Even the ardent supporter of the nervous origin of the disease admits that, although the structural lesion of the functional disturbance of the thyroid gland is not the cause of all the symptoms, it must be recognised that it plays an important part in the genesis of a great many of them. On the other hand, the keen adherent of a purely glandular cause for the disease is forced to admit that many of the symptoms of the disease, while primarily due to thyroid activity, must be brought about by the intervention of the sympathetic system."

The very best of help that the psychotherapist could wish for is to be found in conclusions such as Kinnier Wilson's, that "in Graves' disease vaso-motor irritability is a cardinal feature;" and Dr. Bodley Scott's, that "we must look on Graves' disease as a pluriglandular disturbance, in the common knowledge that fright causes great exhaustion of the suprarenal glands;" and Dr. Stoney's, that "the thyroid is excited by mental stress and danger."

I have very good reason for believing that many successes obtained by the employment of the X rays have been largely due to the suggestions involved.

When Dr. Hernaman-Johnson writes, "Some of the most alarming cases yield to X rays, whereas now and then one of the more ordinary type fails to respond," I cannot help surmising that something more than the X rays has operated in all these cases; in a bad case the best of hopes may have brightened the patient's thoughts, while in a mild one his mind may have been gloomy, the difference being due to environment or the varying temperaments of the patients.

Exophthalmic goitre and rheumatoid arthritis have been found side by side, both having been deemed by some authorities to be the result of intoxication from the alimentary canal. The psychotherapist would seem to be equally justified in thinking that both conditions may be primarily due to want of balance in the sympathetic system, begotten of some strain. The most striking instance of a cure of rheumatoid arthritis that I ever heard of resulted from indirect autosuggestion, the patient being a military man who became well enough to go *on active service* in the present war.

I was discussing possibilities with a distinguished physiologist some fourteen months ago, when he remarked: "I do not think you will be able to make any impression upon the pituitary gland by suggestion." I replied that I saw no reason why this gland should not be included, for it seemed that functioning of the *whole* physical and mental system could be favourably assisted by neuroinduction. Shortly after this interview a case of early dwarfism was sent to

me, a girl of nine years of age. A consulting physician had given his diagnosis as hypoplasia, and had expressed his opinion that "nothing more could be done to correct the abnormality." It had been found difficult to educate her because "the attention wandered." She could not learn any arithmetic. At school she was pronounced "abnormal in mind." I found her very excitable, and unable to concentrate readily; at first she seemed eccentric, but underneath all this her answers to questions indicated every promise of a perfectly normal intellect. She possessed a larger head and shorter legs than the normal, and waddled somewhat in her walking. After three weeks' treatment by neuroinduction she was able to learn her lessons like other children; her excitability was gone. Her parents also noticed that her skin, which had previously been rough and harsh, was now soft and her complexion had quite changed to a good healthy colour. I gave instructions for her to be measured and weighed while undergoing treatment, and every three weeks afterwards. Altogether she had sixteen treatments, since which it is reported that she has been normal in every way—indeed, unusually capable. In four months she increased in height more than she had gained in three and a half previous years. In eight months she gained $5\frac{1}{2}$ inches.

I am enthusiastic in my recognition of the magnificent work that is being done in serotherapy, vaccine therapy, and opotherapy. I am bound to add to the proofs of the efficacy of the last of these—at least, in

certain disorders. But I am equally alive to the shortcomings of these treatments; testimony is plainly eloquent of instances of failure. I have succeeded by neuroinduction in cases where organotherapy has previously failed. Moreover, my results appear to promise that neuroinduction will be found the more permanent in its effects, particularly in many cases in which the initiating psychotic and neurotic factors tend to remain, either preventing complete cure or acting as "negative arcs," which constantly invite other "negative arcs," and which are therefore like smouldering embers that may cause a fresh conflagration. Then, again, I have employed organotherapy and neuroinduction simultaneously, with most satisfactory results, in certain extremely difficult cases, and I shall not hesitate to do so again if I think I may obtain the desired results more rapidly by employing both.

An interesting instance of glandular action is that of an infant fourteen days old which was cured of indigestion by the alteration of its mother's milk. The father had been sent to me suffering from phobias and nervous debility. His wife and infant moved from their home to be near him after the birth of the latter. He asked me what should be done. His wife was greatly distressed about his illness, and there was now very much trouble about the infant, which was suffering from pain and frequent vomiting. The father, who was an intelligent man, apologising for troubling me, asked me whether I thought that his

wife's worries were unfavourably affecting her milk. I replied that this was likely to be the case. I offered to call and see the mother. I felt justified, under all the circumstances, in treating her then and there by suggestion, for worry and nervousness. I was informed that the infant had exhibited no discomfort, and had ceased vomiting and crying after the very next occasion of suckling, soon after I had treated the mother.

I may mention that I have found that the amount of milk secreted by a nursing mother may not only be increased by suggestion while she is nursing, but that if there has been insufficient milk during one or more previous nursings, and the mother is treated by suggestion before the next confinement, there will on this occasion be a better supply. I am not prepared to say, however, that this will occur in all patients so treated.

I have pleasure in closing this chapter by quoting from a *Lancet* summary of Professor Pende's opinions, as expressed in his book "Endocrinologia," the eloquent words: "The endocrine apparatus is physiologically inseparable from the sympathetic nervous system." The careful reader of these present pages will draw his own conclusions as to the feasibility of neuroinduction in glandular disorders.

CHAPTER XI

STIMULANT AND DRUG-TAKING TO EXCESS

THE psychotherapist will do well to bear in mind the neurotic factor both in simple alcoholism and in dipsomania. An excitable person belonging to an epileptic family may either be given to regular daily excess or he may be a victim of dipsomania, according to the way in which his disposition is governed by one or another particular form of nerve disorder. A craving for alcohol may act as an "arc" in neurasthenia, insomnia, or even phthisis, for that matter. On the one hand, persons fond of good company and not easily able to find it are liable to develop drinking habits when no nervous disorder worth speaking of exists in either patient or relatives, while on the other hand a dipsomaniac of the most hopeless type may be found in an extremely quiet and orderly family in which epilepsy has occurred in the family history. Some of the worst cases may be found among persons suffering from mental disorder, of a degree and a type which is clearly distinguishable. I mention these variations and conditions chiefly in order to point out the certainty of obtaining a percentage of disappointing results, no matter what the treatment may be.

Simple analysis should always be carefully conducted from the commencement of treatment in these cases, so that hidden "skeletons" shall not hinder rapid progress. In one very obstinate case I found the patient was kept in a state of tension by chronic differences with his wife, which on principle were never discussed with any third party. A lady inebriate I found to be suffering from a lump in the breast which she feared was a cancer; she was afraid to be examined and to learn the worst. Another was deformed in the sexual organs. Jealousy because a sister had married was the *fons et origo* of the evil habit in another patient.

Excessive drug-taking helps the psychotherapist to understand alcoholism, and how to deal with it. One finds the greater containing the less; having to battle with the more difficult makes it much easier to deal with the more ordinary. Morphia and cocaine-takers are undoubtedly the most difficult patients to deal with, for the simple reason that once they begin taking these things they immediately proceed to make an "arc" of greater evil than any which already existed in their previous "vicious circling," which had demanded solace, namely, a weaker will-power to resist. Hence the malignant effect of these drugs in absorbing the victim, as the nimble spider enmeshes the fly in its controlling coils of web, eventually to poison it; their toxic power making the reaction of functional stress a matter of regular oscillation, always just a little more powerful in negative return than in

the gratification of positive effect, until physical inefficiency adds another "arc." Hence the necessity felt for increasing the dose. Nor are these cases at all pleasant to treat; so much firmness of resolve is required, and such harsh injunctions to the effect that suffering must be endured, such as sometimes calls for extremely severe and sustained contest. I number among my successes some of the very worst cases ever known to the physician, and with all my heart I pity even psychotherapists who have many cases to deal with.

Let me give an example. A man's illness was diagnosed over a period of ten years by many physicians as neurasthenia, mania, dementia, and so on, according to judgment or necessity. He at length took 8 grains of morphia a day, until he became a physical and mental wreck, having reduced his family of sons, daughters, and wife more or less to illness all round; he certainly spoiled the best chances in life of most of them for years on end. It was reported that he had "killed" one doctor, had driven another out of practice through the worry of his case, and was severely harassing a third when he was finally brought to me. The letter of particulars which preceded him mentioned three forms of insanity, from which I was welcome to make my own diagnostic choice. The harassed third doctor himself brought the patient, and on bidding me good-bye, wished me luck, with the expletive: "He's the devil!"

I found the patient suffering from toxæmia and

insomnia, complicated by a most obstinate and determined temper. He appeared to be an almost hopeless case, even for my methods. For six months I allowed him morphia, for I realised that I must first devote all my efforts towards correcting the other various "negative arcs," some of which has led to his morphia-taking. After getting these sufficiently corrected, I took off the morphia, gradually reducing it over a period of three weeks. Two years have elapsed since I treated him, and he remains in perfect health.

Another most difficult case which passed through my hands was that of a medical man of uncommon ability—so capable, indeed, that his absorbing work led him to take "stuff" which he had unfortunately tried as a student, in order that he might get through a harassing period. He began with morphia, afterwards adding cocaine. He was intellectual enough to realise what a prisoner he had made of himself, and finding no chance of release open to him, he contemplated suicide. Ceasing work, he just had enough sense remaining to ask his wife to keep constantly with him. She persuaded him to consult me, as the result of a suggestion of his own, which he had made some months previously but had not then acted upon owing to his hesitation and obstinacy. This patient was reading a paper before one of the leading medical societies a very few months afterwards, in perfect health.

Of all patients medical men are by far the worst to

treat for any disorders whatsoever; this for obvious reasons, the chief perhaps being their subconscious objection to being helped in any self-governance.

Medical men sometimes take morphia as a result of simple experiment during student days. They imagine that they will readily be able to avoid any enticements in future; but they too often find that they are not. Pain is responsible for the habit in many cases. However strong I may possibly be in will-power, I would rather suffer agonies than have morphia given me, having learnt its "hellish" nature in the case of others; nor will I ever take any in future unless I should have reason to believe that I must necessarily die shortly, and that I must suffer very great agonies before this event—then I might take it. A man had better be without a limb, or two limbs, than be taken prisoner by a drug for a term of years, or for life. I therefore strongly advise all lecturers in medical schools to warn students against taking such drugs *for any reason whatsoever.*

An uncommon case deserves mentioning for the various lessons it offers. I was asked by a leading neurologist to see a married woman who was suffering from drug-taking, and I received the information that she had taken morphia for some years and chloroform for some weeks. I called upon her and found her intoxicated by both these drugs. She was suffering also from toxæmia, not produced by drug-taking; she was restless, violent, and demented. I ordered her to a nursing home, and found removal all the easier upon

pleasantly allowing her favourite nurse to go there also. I found it necessary to treat the nurse first, for duplicity and cunning; I discovered that she had for some time been bribed by the patient, and sworn to secrecy, having apparently been a kind, confidential friend for some few years. The patient possessed considerable means, and the nurse had exercised complete command over the husband and everybody else in the household.

In due course I further discovered that the patient had either been inhaling or otherwise using daily 8 ounces of chloroform for days together. The nurse could not say exactly how much had been inhaled or swallowed, for the patient had always put her head under the bedclothing while taking it. The nurse had been able to get the chloroform from chemists by asking for a mixture of chloroform and oil —half and half in an 8-ounce bottle, "to rub on painful joints." Whether this was the idea of the patient or nurse did not transpire.

Before she came into my hands all ordinary meals for the patient had been found impossible; strong beef-tea was the chief food, the husband declaring that the patient had not been able to take anything else but a little of this every two hours for some weeks. Morphia by injection had also been given by the nurse. The patient had been in the habit of giving away valuable jewellery to any who pleased her; she offered some to a new nurse the first day she entered the home. After commencing treatment she was able to take solid food

within a week, and she soon made a perfect recovery as far as drugs were concerned. It turned out that she had had Bright's disease, as an early "arc"; this had resulted in her craving for drugs, while concentrated beef-tea had fed the general disorder in two ways.

The psychotherapist must make careful analysis in case a patient should be deceitful as regards the desire to be cured, for it happens that just as loss of will-power is a result of drug-taking, so is incapacity to tell the truth. Moreover, the patient must be given clearly to understand that his word cannot be taken, neuroinduction must, if possible, be carried to the length of extracting the truth by means of the moral and emotional stimuli of suggestion.

Tonics, sedatives, and various appropriate kinds of medicines may be given at any stage of cure, if it should seem that they are at all likely to help towards correcting such "negative arcs" as may be complicating the case; but these are not so likely to be required if the offending drug be reduced by degrees, which procedure I strongly recommend in all difficult cases, in preference to rapid or instant withdrawal.

However powerful an argument may appear in favour of curing a morphia or cocaine habit by this or that medicinal means, nothing can diminish the position which neuroinduction occupies in order of precedence, provided it is properly carried out. As an instrument, it ranks with the saw in surgery as compared with blisters and other superficial applica-

tions, even though the latter might be both stimulative and analgesic.

I offer the following analysis of negatives for study, taken from a set of cases: (1) Highly strung; (2) difficult thinking; (3) falsehood; (4) drug-taking; (5) more falsehood; (6) epileptic sexual impulses; (7) suicidal attempts; (8) dementia.

Such patients are very difficult to treat by any means; obstinacy, suspicion, and mental duplicity will militate against the most careful and experienced psychotherapy. They sometimes resent control bitterly; watchful companionship may only succeed in arousing further exercise of wit, directed on the patient's part towards thwarting the efforts of all advisers.

Some of the very worst cases of excessive abuse of stimulants and drugs are to be found in families where there is a clear epileptic history, or where this may be strongly suspected either from a tendency to bad temper, voracious appetite, unusual variations in moods, or determination to masturbate.

The following negative circling in which epilepsy came into the family history may be given by way of example: (1) Epileptic temper; (2) occasional voracious appetite; (3) dipsomania; (4) masturbation; (5) psychasthenia; (6) loss of weight; (7) worry, obstinacy, impatience; (8) drug-taking.

CHAPTER XII

SURGICAL

HÆMORRHOIDS

IN daring to approach the surgical domain I am quite aware that I shall incur all sorts of satirical comments on the part of certain surgeons, who will allow themselves no further licence than to take a desultory interest in certain parts of this book, from a natural inclination to increase their general information. Some may read the title of this chapter and at first turn away impatiently. My study is in any case primarily offered for the consideration of psychologists and psychotherapists. But the surgical scientist pure and simple—leaving aside the obsessed operator, who might feel that he owed a special duty to his particular cause—will find food for reflection which he cannot fail to find of value, in this chapter as also in several others. Whatever their attitude, I expect all to be good-natured towards my endeavour to contribute to the etiology, pathology, and therapy of some very common surgical conditions.

As regards hæmorrhoids, very few surgeons would have the patience to consider any remedies to be possible beyond a few well-known ointments, as

temporary expedients; nearly all expect these to be followed, sooner or later, through sheer necessity, by consent for a radical operation.

Inasmuch as neuroinduction may be employed, not only in order to produce very considerable alteration in the circulation, both local and general, but as the very first treatment of all for correcting habitual constipation, we have in this method a means of preventing and curing hæmorrhoids which nothing can excel. A large number of cases serve to illustrate this, not only in my experience, but in that of several other practitioners employing psychotherapy in one form or another. It is true that others have published their experiences in respect of constipation rather than hæmorrhoids; but I have no doubt whatever that where they have cured the former they have also benefited and usually cured the latter when these have been present.

Let us now turn to a case of prolapsus am, in a child two and a half years of age, whose mother had tried everything that medical advisers could suggest, including a diet of fruit and vegetables only, for some weeks in succession, in order to relieve the constipation, but without success; until at length a surgeon proposed to take away a portion of the bowel. A friend of the mother urged that other advice should be sought, for she had heard of some "wonderful cures" of constipation. After the mother had communicated with the surgeon the child was brought to me. As it lay in its mother's arms I elicited its attention first by

means of toys, after which I had no difficulty in employing neuroinduction. I established a sense of freedom of the abdomen by means of palpation, while at the same time I spoke a few words, which I specially selected as being suitable to a child. The result was that an easy natural movement occurred within a few hours, with no prolapse; nor has any trouble been experienced since. Previous to this the distress on each attempt at evacuation had been so great that the mother began to experience great difficulty in getting the child to entertain the idea of making any effort at all, or even to go near any "convenience."

In the case of a man, forty-four years of age, hæmorrhoids had become so severe that there was prolapse of an enormous collection of hæmorrhoids each time the bowels were moved, making it necessary for the patient to go to bed so that hot applications and pressure might be applied in order to allow the parts to recover as far as they could. His brother having unfortunately died from an operation, the patient had declined to undergo this ordeal himself; had it not been for this, I should probably not have seen the case. Treatment by subconscious induction completely cured both constipation and hæmorrhoids.

Varicose Veins

The results of treatment by neuroinduction of many cases of nervous disorder, in which varicose veins have been a complication, have been quite sufficient to indi-

cate that in this method we have a valuable means of preparing some of the worst cases for operation, to say the least of it. An instance of œdema of a whole limb and the lower abdomen has been referred to in another connection.

Where the veins have been so long distended that any involution of a *vis naturæ* order is impossible, there being no power of resiliency left, making surgical operation the only possible remaining procedure, a limb which has become vascularly weak generally may be treated by neuroinduction with the very greatest benefit. Neuroinduction will also render varicosity less prone to occur in other places.

I hope the reader will not consider that I am advocating a measure in an overenthusiastic spirit; it would matter very little to me if I never saw another case of varicose veins. There is a field for my work which is much too big for me as it is, without going anything like so far afield as this. I feel bound, however, to make use of extensive experience and deep convictions which serve to give support to my main contentions. "Why cannot he leave surgery alone? He wants everything!" I can hear the biassed critic remark, with an impatience which naturally dislikes things that savour of universality, when it is perhaps difficult enough to find promising cases for the exhibition of surgical skill. I am very sorry if I offend anyone, but I must run risks as well as other people who have struck a successful scientific vein. However, I am really hopeful for the best. I venture

to think that good-hearted surgeons will not too witheringly taboo me.

INFLAMMATIONS AND ŒDEMAS

A clergyman, fifty-five years of age, fell and hurt his knee. A surgeon was called to attend him on account of pain, swelling, and inflammation. Local applications and confinement to bed were ordered, the patient remaining in bed for six weeks. As nothing but the ecchymosis had gone during this period, in spite of the constitutional treatment which had been employed during three of these weeks, under the impression that a rheumatic or gouty diathesis was at the bottom of the obstinacy, the patient was ordered out of bed. But he could not walk. He was then sent to me. The swelling so subsided the day following the first treatment by neuroinduction that he could walk quite freely, and in a few days he was perfectly well.

Cases of angioneurotic œdema do well under neuroinduction, of course, but so also do all swellings which are not due to organic disease of the limbs or organs, especially those which are merely the result of local vascular sensitiveness, lymphatic or sanguineous. Even local inflammation from injury can be reduced as quickly by neuroinduction as by any other means—and sometimes more quickly.

Surgical Operations in Contractures and other Neurotic Cases

I do not think that even surgeons would deny that many hysterical contractures have been surgically operated on, especially in cases of long standing. I have known such cases. I have been obliged to agree that such operations have been justifiable *when a sufficiently advanced psychotherapy has not been available*, in days gone by. I am thinking at the moment of a patient who was operated on by one of the most distinguished surgeons of the day. A 5-inch incision was made just through the skin over the abdomen—and no more. The wound was sewn up. This completely cured the patient. She was hysterical, and would not believe that there was nothing seriously wrong in the region where she complained of pain. The surgeon operated to prove his diagnosis as well as to cure the patient. Such instances are too well known to be worth more than passing reference.

I am of opinion that nine-tenths of all the successes which bone-setters obtain are due to suggestion. Dr. Mott and others have found that suggestion by words spoken is more efficacious, when dealing with nerve-shock cases, if the patient is partially anæsthetised. One of the most successful bone-setters has long made a similar practice (see *Medical Press and Circular*, 1917, "Bone-setters and their Work," by the present writer).

CHAPTER XIII

SKIN DISORDERS

INFLAMMATION has been defined by a great authority as—

"The reaction of irritated and damaged tissues which still retain vitality, or a series of vital changes which occur in the tissues in response to irritation. The irritants are either non-infective or infective; the former comprising mechanical, electrical, chemical, and thermal agents, and such things as X rays, etc.; the latter including the micro-organisms."

Erythema is defined as "A morbid redness of the skin due to congestion of the capillaries, of many varieties." Now, as the vaso-motor effect of neuro-induction is practically the same, no matter what may be the variety of superficial congestion, we need waste no further time in discussing any pathological definitions; it is enough merely to mention some of them. Let us study a few interesting cases, the lessons from them being extremely important, from every point of view:

Miss ——, twenty-five years of age, had been suffering for some years from dementia præcox. The diagnosis was sent to me with the patient, and I had no

reason whatever to question it. She exhibited stigmata of degeneration, with facial asymmetry. Among her negative arcs was liability to severe herpes of the lips whenever she was more than commonly worried about anything; this had troubled her for three years. I have a secondary purpose in giving just a few words of her history; this explains how I came to study her skin disorder. The fact that eruption followed unusual worry interested me. On its reappearance upon the lower lip, I gently manipulated the eruption under general neuroinduction. It began to retrogress at once. By at once, I mean that in an hour the patient felt less pain. The following morning there was less swelling, and an obvious appearance of retrogression, which continued until the cure was completed a few days later. A few weeks afterwards further worry, caused by letters from home, brought out a crop upon the *upper* lip. This was treated in the same way, and with the same effect. Then an unusually long time elapsed before any other attack occurred, though sufficient worries had been undergone, which made me think that the tendency had gone. Now there occurred what seemed to me a remarkable thing; a day of extra worry was followed by two patches of herpes, one on either side of the mouth, just below and rather outside the angles, which had apparently been unable to form in situations which had previously been favourable. The treatment for these resulted in total clearance and non-recurrence, since when the herpes made no further appearance, observation

having been kept up for eighteen months personally, while for another twelve months information was given me to the effect that there had been no recurrence.

I have had so many cases of urticaria of a severe character and of long standing which have been readily and completely cured by neuroinduction, that I have no hesitation in declaring the treatment to be specific *par excellence*. As to whether the check to the urticaria be always independent of any alterations for the better in gastro-intestinal functioning, I am not prepared at the moment to give conclusive evidence, for general subconscious induction will always be likely to influence the latter appreciably, although especially directed toward correcting the former. Again, both direct and indirect results may be to some extent due to vaso-motor effects. If I am to judge from the case of herpes referred to, it would seem likely that there need not be any effect upon metabolism or toxæmia for favourable results to be obtained, although in three patients treated in whom urticaria had been a prominent trouble, among other signs and symptoms of a neurotic nature, and in which I had urgent occasion to deal with psychasthenia first, I found the tendency to urticaria getting less as I proceeded, until it vanished altogether, without requiring any reference to it or any attention whatsoever.

F. B. Jefferies, F.R.C.S., has written:

"The causation and etiology of herpes being somewhat obscure and theoretical, the following case may be of interest. I was asked to see a woman, aged fifty-

three, who was complaining of a rash on the arm. On examination she had a typical eruption of herpes on the left arm extending from the wrist upwards along the inner side of the forearm, arm, and extending on to the chest and back. The eruption on the arm follows the line of the internal cutaneous nerve; on the left side of the chest it is scattered but profuse, and also on the scapular region. The patient is a very 'nervous' subject, and the interesting point in the case is this: three days before she felt the pain which preceded the appearance of the eruption a mouse ran up her left sleeve into her axilla, and was only liberated by her daughter unfastening her blouse at the back. The patient was always terrified of a mouse. I know her statement about the mouse is correct, for her daughter and her husband witnessed the occurrence."

Herpes and urticaria are both, without a doubt, vaso-motor neuroses—at least, in many instances this is clear. Gastro-intestinal treatment may or may not help. By getting favourable effects from any ordinary gastro-intestinal therapy we should only obtain evidence that under certain circumstances the soil had been favourable for vaso-motor neuroses—that is all. Moreover, local micro-organisms may be discounted, in these as in many other skin diseases, provided the vaso-motor factor in etiology is dealt with effectively.

That certain skin eruptions may suddenly spring up for apparently no reason whatever, while others may disappear with still more astonishing promptitude, is a fact which every experienced doctor has either observed or heard of since medicine became a serious professional calling. Such examples impress upon us the importance of forming a proper estimate of the

neurotic factor, whatever amount of respect organisms and soils may claim.

In such disorders as chicken-pox, herpes, and urticaria, it would seem that there is a soil which favours a local outburst at certain points where the vaso-motor control happens, for some reason or another, to be weakest. When the vaso-motor tone is raised by subconscious induction retrogression takes place. We may see these things take place in the case of other pathological puzzles, and in various neurotic systems. Just why certain small places in the skin should be weakest may not be clear.

I have proved the favourable effect of psychotherapy in certain eczemas, having had instances of outbreaks which have for years been recurrent, but which have promptly yielded to neuroinduction, just as the herpes did in the case cited above, with this exception, that in some cases I have not effected any local palpation whatever, having merely depended upon the general relaxation of induction by words spoken. But cases of the spontaneous cure of many skin diseases constitute a more eloquent plea for my theory than could anything else. W. B. writes to the *British Medical Journal*:

"I think my experience may be helpful. A patient was sent to me for CO_2 snow treatment. There were patches on each wrist, about the size of a sixpence, that he wanted particularly removed, as they were so unsightly. One application for thirty seconds of CO_2 effected a perfect cure in three weeks, leaving a faint blush on the new skin; but, to the surprise and delight

of the patient, in about another fortnight his whole body, which was really covered with psoriasis when I first saw him, was quite free from any trace of the disease. The patient's explanation was that I frightened it away; and that may be true, in this way: he was greatly run down, depressed, and disappointed at the failure in the prolonged and drastic attempt of several specialists. Everything had been tried outside and inside, including thyroid extract (which nearly killed him), and a prolonged change at Bournemouth. He complained very much of pain, both in the freezing and thawing stages of the CO_2 treatment, which is very unusual, and he anxiously inquired if I intended applying this all over his body, as he would not be able to stand it. I said I might do it piecemeal later. This evidently so frightened him that the psoriasis of over twelve months' duration completely disappeared in these few weeks. This I consider a splendid example of the influence of his mind over the body, and I think over such an intractable case as 'Senex' describes. Suggestive treatment, with or without CO_2 snow, for the lupus erythematosus on the face would be attended with the happiest results."

Skin diseases are not by any means always easy to treat by neuroinduction. This may well be imagined. Now and again there is a submerged trauma that requires thought analysis, as the following unique case will serve to illustrate: A man, aged forty-three, had suffered from pemphigus for some twenty years, his case having been diagnosed and treated by many specialists, including "the very highest in the land." His condition gradually grew so bad that walking was extremely difficult. Sometimes the extent of the eruption necessitated his confinement to bed. He was

even unable to touch anything with his hands without raising large blisters—he could not even touch the handles of doors. At times the blisters occurred quite acutely "all over the body." A worse case could surely never be seen, to be living at all. He was sent to me, this time by a layman, by the way, a solicitor who had once been in my hands professionally, and who had become acquainted with the patient in his professional dealings—a prominent man in medico-legal cases. But, indeed, any layman might be excused for such a recommendation, for could you picture a skin specialist of rank and title sending such a case to any psychotherapist! The suggestion would have sounded too ridiculous for words in the days before this book was published.

The patient was a downcast wreck, suffering unspeakably, only just able to walk in specially made large list boots, in which were very thickly padded socks, and so weak that he required steadying. His face and hands were blebbed and scaly, hardly two square inches of his whole body being free from signs of old and new eruptions, his forehead and neck being rather less attacked than other regions. His mouth and throat were raw in large patches, the lips being so covered that he could not speak distinctly. His latest difficulty for many weeks had been in swallowing; he had been reduced to eating soft farinaceous things, making here and there a slight departure. Sometimes for a whole day he could swallow nothing whatever. One of his eyes was blinded and badly inflamed, there

being even corneal and sclerotic blebs. He held his hands away from him lest they should come in contact with anything. Helpless as a child, he pointed to evidences of accidental touchings. Insomnia had entered the vicious circle, while constipation with very severe hæmorrhoids had become so bad that he dreaded movements of the bowels as one would a repetition of the rack. Surgeons had refused to operate on him.

It had long been agreed by consulting physicians that there might be something neurotic about this case. On commencing treatment, I proceeded at the same time to analyse for suppressed traumata. Inquiry went right back to five years of age. He now recollected that at this age he had accidentally swallowed some strong acid. This caused ulceration in his throat and mouth, making it extremely painful for him to swallow. I felt entitled to conclude that the shock from this occurrence had acted as a trauma, making the patient susceptible to everything likely to injure the skin, for he remembered that soon afterwards bullæ began to appear about the face; later they became wider in their distribution and of more frequent occurrence. The patient explained that he had never been nervous in the ordinary sense; others who knew him agreed. Indeed, on first seeing me he really did not seem afraid of his condition; he was merely depressed and dejected. He was anxious not to get worse, much as a phthisical patient is sometimes afraid of catching cold; there seemed in him a sort of *spes* when I made

any remark of a cheerful nature, which I could see would enable him to smile if his sore face and mouth would have allowed him.

Two days after the first neuroinduction his hands showed signs of very slight improvement. In a week he said the pain from the hæmorrhoids had very much lessened, the stools being easier. In ten days' time his taste was restored, after many years' abeyance, and he began to swallow food much more readily. I knew from these indications that, unless some unfortunate adventitious "arc" should enter the "negative circling," as from financial worry or from any regional exacerbation following some departure in diet—which might very well occur with such an extreme state of affairs all round—he would get completely well.

Manipulation was for the first few days deemed inadvisable, for fear of adding to "negative circling" at the very beginning of treatment. I blew upon his hands instead, suggesting coolness. In a few days palpation was quite safe. He became so well that further treatment was unnecessary.

I would warn the reader against running any risks of making a big "positive arc" too early in a very grave case. That way failure may lie; for should an additional "negative" be obtained, or a slight advance occur in the disease, quite irrespective of any treatment whatsoever, which is conceivable, then retrogression might never take place, on account of the powerful auto-suggestion which might be engendered while the

patient was so much hoping for and expecting improvement.

General and local hyperhidrosis has always caused dermatologists infinite trouble, as is so eloquently indicated by measures they have advocated by way of treatment. X rays have lately been favoured by Howard Pirie, who found drugs useless; while Kolipinski has been drastic enough to use the thermocautery in the axillæ, even producing "burns of the second and third degree." Major Porter has gone even further, having recommended dissecting away the skin of the axillæ.

Sufferers from hyperhidrosis are always nervous people. The disorder is like blushing, in this respect, that a patient's consciousness of the liability to it makes the trouble all the worse. I have probably seen some of the worst cases ever known, such as a girl who developed patches of eczema from the axillæ down to the hips on each side, 7 to 8 inches wide for the upper half of the area. She had to go to bed, and was there treated locally and generally for many months before she was sent to me. Another patient treated successfully by psychotherapy had also been confined to bed, the arms having to be kept away from the sides, so that the cool air might help to prevent sweating. Neither of these patients was over the normal weight. Many patients have found it necessary to change their clothing several times a day, through hyperhidrosis of the axillary regions. The success with X rays in the hands of Dr. Howard Pirie has been so great that I

really cannot find myself able to beat his records by psychotherapy, unless I might mention that in my cures I have also had to contend with serious conditions in which skin disorder has been a secondary feature. I have had no simple cases in which other more serious complications have not been present.

As to pruritus, I must again bring a friend to my assistance. I am fond of getting others to support my contentions; this may be pardonable under the circumstances, considering the risks and dangers of travelling in scientific regions where so few have ventured, and where the reputations of some have met with an untimely end. I find Dr. Bunch particularly interesting in his *Lancet* article concerning "Itching Diseases of the Skin," as follows:

"Primary pruritus is a functional affection of the skin, the sole symptom of which is the subjective sensation of itching. The skin appears healthy and shows no pathological changes to which we can point as a cause for the irritation. Such pruritus occurs in neurasthenia, chorea, and excessive emotion, and may perhaps be ascribed to an over-excitability of the special end organs in the skin, if not to an ill-defined auto-intoxication."

It is interesting to cogitate quietly over the pathology of such disorders as eczema, psoriasis, herpes, pemphigus, and for that matter several other skin diseases, in the light of the effects of various forms of treatment. I would gently and apologetically ask: Is there any "suggestion" operating when X ray

applications are successful? I also ask this question in another connection in a later chapter.

I have experimented on a case of local "poisoning" from handling primulas, just before the patient was arranging to go to a skin specialist, and I obtained quite a marked improvement both as regards pruritus, erythema, and swelling; but not wishing to deprive the patient of the benefit of well-tried and proved remedies, I encouraged her to visit the specialist. The dermatologist told the patient that the eczematous condition would certainly have spread; indeed, it had spread up the arm before the dermatologist or I had seen it, as the patient had already observed. Now, primula poisoning is not likely to increase in area on the patient's abstaining from further handling the parts. Was the spread, therefore, neurotic in character? Do eczema and psoriasis ever spread in a similar fashion? In the case of pemphigus just presented, the sensitiveness was undoubtedly neurotic. I would therefore hazard the hypothesis that in many skin diseases there is a neurosis affecting the secretory apparatus of the skin, which displays variety of type according to the soil and the particular part of the skin involved—such involvement being sometimes determined by central selection, the very nature of the disorder as seen by the sufferer establishing itself more or less as part of an auto-induced "negative circling."

Dr. George Pernet has "no doubt that the nervous system does play a part in psoriasis" (lecture on Psoriasis at the West London Post-Graduate College).

Before going to press I treated an interesting case—an officer who had suffered from psoriasis for eight years. This had been kept under by ointments ordered by a leading specialist, but was never cured by any of the best local and general treatments he could think of. When war broke out the patient was afraid his brother officers might observe his spots and suspect him of suffering from syphilis. As this idea took hold of him the psoriasis extended, until he became desperately afraid of having to leave the army. When he came to me he had decided to obtain his discharge unless I could cure him.

After two treatments the edges ceased to spread, regression being obvious after four days. After two weeks he was well enough to discontinue treatment. I have since received a report to the effect that he is no longer troubled with the complaint, and has continued on active service as a pilot in the Flying Corps.

It seems worth noting that one of the commonest and most readily observed effects of neuroinduction is a softness and healthfulness of the skin of patients. Relatives of patients often remark this. At the same time those whose hair has fallen out during their illness almost invariably find the growth returning. The hair soon shows a natural moisture and lustre: I have never seen better instances of restored crops—in some cases after entire baldness of the top of the head.

In a case of psychasthenia, in which the falling-off of hair was the chief factor in causation, all difficulties in mind and body ceased from the day upon which

new hair was found to be developing, as a result of general neuroinduction, without any reference being made to the local condition, and without any palpation.

In case there should be any specialists in the treatment of skin disorders who are inclined to be sceptical, or possibly scornful, or over-sensitively antagonistic, I will close this chapter by referring to the case of a medical man's son. I pick this out because it will be taken for granted as being at least probable that before the very near relative of a medical man was pronounced incurable all the best advice procurable would have been sought—particularly as the patient happened to be an only son.

He was finally sent to me, after years of psychasthenia, which followed a very advanced and successful course of education. Among other troubles was acne vulgaris, which was so extensive that he was not fit to be seen in public. On the face and neck it seemed impossible to place a finger-tip upon a sound piece of skin, the spots varying between a number which were absolutely fresh, and inflammatory, and others in the scaliness of recovery from the acute stages.

The patient was also bald on the top of the head, the remainder of the hair having the appearance of being dry and badly nourished. A few months after treatment by neuroinduction—without any dieting or medicinal treatment whatever—in addition to the whole skin becoming clear, a thick healthy crop of hair grew where the baldness had been.

I am of opinion that gastro-enteritic toxæmia, through dyspepsia—itself caused by worry—was the circle diagnosis of the skin disorder in this case, and that it was cured by normal functioning, which was brought about by neuroinduction acting both physically and mentally.

Lloyd W. Ketron and John H. King of America have studied the condition of the gastro-intestinal tract in this disorder. They found disorder in the region in 60 per cent. of the cases; they considered that toxæmic absorption had taken place, which was the cause of the acne vulgaris.

Albert Strickler has pointed out that—

"It is a well-established fact that puberty is an important predisposing factor in the development of acne. It is unusual to see acne before the eleventh or twelfth year, although we have recently observed a case in a girl, aged nine years. It can be stated that acne vulgaris is most common between the fifteenth and thirtieth years, although cases are observed until the age of forty years. . . . That female patients will often remark that their acne gets worse at the menstrual period can be attested by most dermatologists."

CHAPTER XIV

A STUDY IN MORBID GROWTHS

I WANT the help of friends in this chapter as much as in any. For here I may possibly get into serious trouble with critics. I go into the ring and shake hands, admitting the possibility of terrible blows awaiting me if I seriously slip. But I do not ask for a decision from any referee; I merely ask all readers to think very carefully. I shall not be disappointed if I get nothing from the crowd. If I am hissed for my impudence, I shall still have had my fling. I shall make some points without a doubt, and give my opponents some exercise; more I can hardly expect at this conjuncture.

Professor Rutherford Morison has defined inflammation as—

"The reaction of irritated and damaged tissues which still retain vitality, or a series of vital changes which occur in the tissues in response to irritation. The irritants are either non-infective or infective; the former comprising mechanical, electrical, chemical, and thermal agents, and such things as X rays, etc.; the latter including the micro-organisms."

Charles F. M. Saint, F.R.C.S., has given "some examples of tumours certainly or probably depending

on irritation of some kind for their production," such as lipomata, fibromata, fibromyomata, and papillomata, and has pointed out how prone some of the latter are to become epitheliomatous.

Sir James Goodhart may also be quoted:

"Are we wrong to expect that, if a complex body is possessed of energy or many centres of energy for orderly growth and development, this disposition or force will not now and then slip its leash and run off on its own account? An analogy of this kind seems to me to convey a workable conception of a scheme of malignancy, where ordered growth diverges by successive steps of variation, of indulgence in function, until cancer appears, until malignancy becomes the insanity, shall I say, of function."

Dr. J. Thomson Shirlaw writes to the *British Medical Journal*:

"I hold that the force for orderly growth and development is the chemical action of the secretions of the ductless glands."

Mansell Moullin writes, April 27, 1914:

"There are certain clinical facts which seem to me to point with no uncertain finger. The secret of the origin of tumours (including cancer) lies not in trying to find influences or agents that will stimulate growth and reproduction, but in isolating and investigating the action of substances that possess the power of checking development and interfering with functional activity. Development controls growth and reproduction. If development is arrested (as, for example, the development of epithelial cells is arrested under certain conditions by arsenic and soot) the functional activity of the tissues is arrested; the power of growth and

reproduction, or so much of it as the cells still retain, is freed from control, and if there is the least provocation, such as may be caused by continued irritation, cells and tissues at once begin to increase and multiply at their own free will. The result is a shapeless, formless mass of cells, resembling more or less closely the parent that gave them birth, never advancing beyond it in development, never doing any useful work, but growing without ceasing, so long as there are supplies of food—in other words, a tumour."

Dr. H. G. Adamson writes as follows in the *Lancet* for March 21, 1914:

"A striking feature in the etiology of squamous-cell epithelioma, in contrast to that of rodent ulcer, is that it arises always upon skin or mucous membrane which has been previously damaged by injury or which has been the seat of long continued local irritation. Among these 'precancerous' conditions are scars from burns, old syphilitic scars or the scars of lupus, chronic irritation of the lower lip from pipe-smoking, leucoplakia of the tongue or vulva, the scars of X ray burns, and perhaps most common of all, the results of chronic dermatitis produced by frequent exposure to sunlight and known as keratosis senilis, sailor's skin or tropical skin. The same may be said of carcinoma, which occurs at the pylorus, in the gall duct or gall bladder, at the cervix uteri, and in the lower part of the bowel. All these parts are liable to chronic inflammation or ulcerations, and carcinoma in these spots is probably consecutive to these conditions. The theory of dormant embryonic masses cannot explain these facts. The formation of carcinoma can be more reasonably attributed to an irregular proliferation of the epithelial cells, as a result of the loss of normal relations between the epidermis and the subjacent tissue. The anatomical balance between different tissues which normally prevents the epithelium from invading the connective

tissue is disturbed by damage and partial repair. Disturbance of the anatomical balance is assisted possibly by an upset of the biochemical balance, owing to alterations in the nutrition and metabolism of the cells due to age or to the harmful action of agents such as light or X rays.

"In sections of keratosis senilis and of X ray scars one may study this gradual disturbance of the balance of growth, beginning with irregular restoration of the epidermis, through warty growths, to the final stage, in which the irregular growths of the epidermis advance completely out of line and invade the spaces between the connective-tissue cells. The study of these affections of the skin would seem to suggest that true carcinoma, in whichever situation, is the result of a disturbance of the normal balance of growth between epithelial and adjacent tissues as the result of previous damage, and there seems to be no need to invoke the aid of embryonic cell-rests or of microbic invasion."

All the above passages are far more eloquent than anything which I could write, and I leave them to speak for themselves, being only too thankful for their help, so that we may pass on to another consideration. It has been long known amongst psychotherapists that quite localised stigmata such as petechiæ or minute aneurysmal varix could be produced on the skin by "suggestion." Dr. Gilbert Scott and others have obtained photographs of instances from experiments made by himself. He moreover found that these stigmata would develop without the skin being touched. I quote from an article written by him:

"Whilst in the somnambulistic state, the patient's eyes were opened, and she was shown the half of a

four-pointed, star-shaped piece of paper, and was ordered to reproduce the pattern on her arm in points of stigmatisation. Her arm was not touched in any way. March 14, a figure, more or less similar to the pattern, was produced in a faint manner on her arm."

I offer this experiment made by Dr. Gilbert Scott in absolute confidence of its having been bona fide; it is an indubitable proof of a scientific fact. Not only have he and others produced stigmata, but such may be produced by anyone employing a similar technique, which is one not at all difficult for the uninitiated to learn.

Such experiments prove some central control over the vaso-motor mechanism of the skin.

Let us now consider some cases of my own which carry the subject further, and which are instances of precisely the opposite kind to those of Dr. Gilbert Scott. Take one of pustule on a patient's neck. By means of neuroinduction I elicited the sense of shrinking of this pustule, and of the reddened area around it, with the result that in the course of twelve hours it showed definite signs of retrogression, until in a day or two it entirely disappeared, save for a slight mark. I do not say or know that all pustules would do so, but this did. I have not wasted valuable time in trying experiments upon other patients suffering from pustules, for I have been very busy treating many disorders for the past few years. But, after some three weeks' interval, a pustule again developed in the very same spot, the mark of the first not having entirely gone.

Again I treated it, and it disappeared in a similar manner, leaving for a week or two just a very small scar to mark the place. It is now five years since then, and the patient has had no recurrence.

Amongst my nervous patients, eight years ago, was one having a wart on the knuckle of a finger, so large and inconvenient $\frac{3}{4}$ inch in diameter at the base) that I recommended her to a local surgeon, for it seemed that any of the superficial applications would take far too long a time. The surgeon cut it off. But to my amazement the patient came to me a few days after healing was complete, and showed me the back of her hand, with twenty-five to thirty other warts developing. I concluded that these must be neuropathic, and decided that this would be conclusively proved if neuroinduction, designed to effect retrogression, were successful. I treated about half the number at the first sitting; and each of these showed signs of shrinkage within twenty-four hours; while the remainder were unaffected, and I dealt with these at a second sitting. In a week the whole skin had a level surface. Analysis revealed the fact that a scare had entered the patient's mind; she thought that "it would be awful if many warts came, and if they all had to be cut away under chloroform." In my opinion this idea constituted the central initiating factor which produced the crop.

I must apologise for referring so much to the writings of others; I am, however, doing all I can to convey my

message in as little space as possible, although the subject might easily be found worthy of a large volume all to itself.

Rubens Duval has pointed out that—

"Many of the malignant tumours removed by the surgeon contain abundant microscopic evidence that the organism has been reacting to the irritation they cause, and has done what it can to cause their spontaneous regression. The sclerosis of the fibrous tissue round a cancer often leads to the death of masses of the cancer cells, as Sampson Handley and others have pointed out, and this may be regarded as a 'defensive reaction' of these connective tissues by theologists. The bloodvessels join in the defence by obliterative processes, which still further cut off the supply of nutrition to the cancer cells."

The *British Medical Journal* has commented:

"As regards the modifications exhibited by the carcinomatous cells themselves, loss of vitality may be indicated in several ways. This is well shown by the results of treatment with radium. Radium causes the rapid necrosis and dissolution of some of the cancerous cells, others are similarly destroyed but more slowly, while others exhibit a phase of monstrous hypertrophy as a preliminary to rapid disintegration; and, as a final condition, some of them appear to be converted into normal cells (epithelial cells in the case of an epithelioma), and to ripen and run the natural course of evolution characteristic of the cells from which the malignant neoplasm originally arose."

I wrote the following 8½ pages some time before finishing this book, and I offered it to two of the leading medical journals. It was declined—for

what reason I shall probably never know; but I can only think, in all charitableness of heart, that the time was not ripe for it.

CANCER AND SOME COGENT ARGUMENTS

At a moment when the treatment of cancer and other conditions by radium is receiving much deserved attention on the part of the public and medical profession, and while enthusiasm is running high, I desire to put on record some conclusions which I have arrived at during the past five years.

I am aware of instances of spontaneous reduction and disappearance of abnormal growths. I have also heard of some few favourable results having been claimed by certain experimenters in treatment by suggestion, who have not known how the effects were produced, even if they really obtained any at all, and who have not been able by applying definite technique in manipulation or speech to obtain repeated results. I have sought to obtain results beyond these, which *could* be explained. I must humbly enter my claim to be the first medical man who has succeeded in obtaining definite results of a curative nature in cases of organic disease and new growths by means of psychotherapy, while being able to explain the technique and rationale employed in a manner which could be readily understood and adopted by other scientists.

Having for many years been interested in psychotherapy, and having made a special study of its

beneficial effects in nervous and mental disorders, I found, incidentally, that some remarkable effects were to be obtained upon the heart and the circulation. In 1908 I began to study the effects of suggestion upon the sympathetic nervous system—upon the vaso-motor mechanism and the blood circulation, both general and local. In the case of various organic conditions and new growths I succeeded in reducing size and in altering consistency in a hopelessly advanced case of cancer. At the same time, in cases of benignant new growths, I caused a decrease of the blood-supply, a reduction of the swelling, and in a short time the disappearance of the abnormality. In 1909 I obtained still more encouraging results, and was successful not only in preventing further obvious development in a recurrent case of cancer of the breast, but in causing nodules actually developed to regress and disappear. In 1910 I was further successful. I did not have the nodules microscopically examined: it is immaterial to me at the moment whether they were cancerous or no.

In 1911 I sent a letter to the *British Medical Journal* referring to my work and results, for which this journal could not find space, though I wrote again expressing astonishment that such an important communication should be crowded out. I am of opinion that the editor did not regard my observations with any confidence. I thus realised that the time was not ripe for such advanced work to be seriously regarded. Humble representations to certain other authorities,

and the dilatory responses elicited, did not encourage me to press my claims any further at the time.

By no means the least difficulty I had to contend with at this period was the lack of material in respect of which I could extend my inquiries and experiments. Prompt surgical operation being the best form of treatment then known, having been fully tried and proved, every patient had a right to be allowed the benefit of it. The nature of my experiments was so little understood by others, and so sceptically regarded, that it was naturally not easy for me to find help anywhere. I had no other alternative but to accept this state of affairs with patience and forbearance, but with quite a healthy confidence that time would show.

In 1912 I made inquiry into the effects of Roentgen rays and radium; I visited the Radium Institute for the purpose. I sent a case there for treatment, a woman suffering from advanced uterine cancer. As a result my conception was strengthened of the great likelihood that radium and Roentgen rays acted to an appreciable extent by suggestion.

It will therefore be noted that my work in respect of new growths and cancer has necessarily proceeded very slowly; in fact, since 1911 it has not been continued, partly for the reasons explained, but also because I have been deeply engaged in other work—which I can hardly count of less importance, looking over the results. I have all the time been quite content with the belief that while organic conditions had better wait awhile, the work I continued to pursue in other

directions would ultimately serve to help me to prove my contentions whenever I might return again to the question of abnormal growths. Meanwhile I have to note:—

1. In the absence of any better explanation we have a right to view some cases of spontaneous cure as being possibly brought about by autosuggestion. One of the greatest surgeons and authorities on cancer (Butlin) spoke and wrote as follows (*British Medical Journal*, June 18, 1910):

"Internal tumours disappear in persons who have been condemned to death by the most capable surgeons . . . as if by magic, . . . as we occasionally know to our chagrin. . . . I would ask whether it is not possible that a power of resistance may, once in many thousand cases, be acquired under the influence of a mental condition. And in referring to cases of spontaneous cure he declared: 'We are obliged to accept them as facts, but we are unable to explain them.'"

2. I have observed that the more genuinely cheerful a cancer patient is the longer will he live, other things being equal. In one case which was the object of particular observation, recurrence ceased when the person developed the disposition to worry less. It seems that idea of growth (including gloomy apprehension) tends to further growth. Indifference towards growth tends to the maintenance of the *status quo*, other things being equal. Indifference towards abnormal growth plus a sense of healthy well-being and easy thinking tends to diminution and dis-

appearance, other things being equal. The idea of a cure—a smiling inkling of betterment—has a curative tendency, not only as regards morbid growths, but in the case of any disorder which is curable, other things being equal.

3. Many new remedies have created a favourable impression on the patient; they have appeared to give benefit for a time. In some instances this has been on account of great concentration of the thoughts upon the idea of a cure which has resulted from their use.

4. In the method of treatment by radium there are conditions which are highly favourable to the entry of the curative power of suggestion—

(*a*) Lying very still for some time in a quiet room, thinking hopefully of a wonderful treatment so very highly spoken of, and so impressively and cleverly applied.

(*b*) Mental concentration upon the diseased spot in a happier plane of thought, which is more marked when remedial applications are employed, also tangible and visible instruments, there being obvious sensation and perception.

5. I have myself, at will—knowing how to act and what to expect—obtained unquestionable results by psychotherapy in dealing with examples of organic disease and abnormal growth, which could not be exceeded by radium in similar cases.

6. The blood-supply can be very powerfully influenced, generally and locally, by neuroinduction—

visibly so, in fact. Now, the influence of radium on the bloodvessels and in checking hæmorrhage has been found to be very prompt and definite.

7. It was reported that the bottles of radium emanations sent forth to patients in large numbers were producing "very encouraging effects." This report is to me extremely suggestive of the fact that suggestion may have been at work under this method of application.

8. I have indisputable proof of organic disorder and the development of new growth having been *originated* by suggestion. In one such case I have reversed the causative impression, and the new growth has regressed and disappeared.

9. In all inflammatory conditions, and in cases of functionally uncontrollable arterial dilation or contraction, suggestion, when applied in certain ways, will act most powerfully either to increase or to diminish.

10. I have watched a case of inflammatory swelling which appeared and disappeared, afterwards becoming definitely periodic, and, later on, permanent; and I have little doubt that operation would have been found necessary had not the patient been treated by suggestion, which first caused regression to the point of disappearance and then prevented recurrence.

11. I know how suggestion acts upon the blood-supply, and can demonstrate that it does so act. Now, nobody knows as yet absolutely and finally how radium acts. There are many who are not satisfied

that radium possesses all the virtues it is credited with. Not a scientist could be found to dispute the effect and the explanation of my application of psychotherapy, for obvious effects can be produced, in some instances immediately.

12. Psychotherapy, as I am able to demonstrate, acts in three ways: Firstly, locally, influencing the vaso-motor mechanism; secondly, generally influencing the vaso-motor mechanism; thirdly, "sympathetically," producing remarkable improvements in the functioning of the glands. Psychotherapy readjusts, permits, and encourages the *vis medicatrix naturæ*.

13. The effects of psychotherapy on the organic conditions and new growths referred to have not only been studied directly, they have been observed in connection with a profound study of the nervous system; hence a rationale of the treatment has been the more readily forthcoming. Many equally striking and convincing conclusions may be recorded respecting the effects of psychotherapy in certain mental and nervous disorders, and, indeed, in other specific organic conditions.

14. In opening a discussion on radium and cancer at the annual meeting of the British Medical Association in July, 1913, Sir Alfred Pearce Gould said:

"I shall never say otherwise than that any case of cancer which seems to have been cured by surgical operation has really been cured as a result of the combined work of the surgeon and of the great power of natural tissue resistance."

On the same occasion Dr. Frank Fowler, in referring to results, concluded :

"The relief that assurance gives to the patient helps to prevent the downward course that often follows the diagnosis of cancer. I do not attempt to discriminate the good that is done by the X rays, and that done by my confidence in their beneficial effect."

15. In referring to the action of X rays in certain skin diseases, Dr. Ernest Dore has mentioned (*British Medical Journal*, October 18, 1913) more than one case in which certain patches had been treated with success, while other patches, *not treated*, in the same patients, and at the same time, *had also been cleared up.*

16. Different authorities have written as follows: "Depression, grief, mental shock, worry or fear, appear to be predisposing causes of cancer." . . . "Perverted or weakened nerve influence and impaired resistance are probably the determining factors." "A cancer growth is sick protoplasm worried by abnormal innervation."

17. Authorities have found that adrenin applied to cancerous growths has resulted in "unquestionable cure in some cases." We have thus two distinct and important claims—(*a*) that the X rays influence the blood-supply, and possibly also local nerve-supply; and (*b*) that adrenin influences the blood-supply. I do not hesitate to advance the possibility that the X rays or adrenin, plus psychotherapy—specially modified and administered—might be found to act

even more favourably than any one of these agencies employed alone.

18. It can hardly be doubted that cancer is a disease arising from both a local and a general cause. It would further seem that cures have been effected by agencies which have attacked both. When the X rays have been successful the local application has probably co-operated with an unintended mental suggestion which has happened to be of a sufficient character. Similarly in the case of adrenin. When spontaneous cure has taken place, are we not entitled to consider that some unknown influence has been at work both generally and locally? When psychotherapy has acted favourably, are we not justified in concluding that both local and general effects have been produced?

Having long ago established the fact that cancer and new growths can be readily affected by suggestion, all I humbly ask at this juncture is that the reality of psychotherapeutic effects should be borne in the mind while considering other treatments.

In the recurrent cancer case referred to in the above article, it may be that the disease only *appeared* to be recurrent. I have no desire to make any undue claim. It might be that I merely reduced the swelling. I am satisfied for the time being that very soon after the publication of these particulars the truth will be forthcoming. Meanwhile I can only say that the case seemed to me to be one of the recurrent type.

I should like to add a few further contributions to

the argument. Barling wrote (July 30, 1910, in the *British Medical Journal*):

"We can recognise one striking feature in the distinction of cancer (epithelial) common to the experimental production of immunity, to the disappearance of the growths under radium, to spontaneous recessive processes in the human body. This is the active part played by the connective tissues; we have an irritative overgrowth and subsequent contraction which appears to determine the death of the epithelial cell."

The following is also worth quoting from a leader in the *British Medical Journal*:

"Just as the functional diseases underlie certain mental states, so disturbances of the mind or spirit may cause or aggravate certain bodily ailments. This is especially the case in the region of nervous diseases, but depression, grief and mental shock, worry or fear, appear to be predisposing causes of cancer and other organic affections."

We may well ask: Does a local strain, injury, or irritation exhaust the local tone of the nervous or vascular supply, and so induce cell proliferation?

Dr. Aspinall Marsden writes (*British Medical Journal*):

"I believe that in cases of malignant growth perverted or weakened nerve influence and impaired resistance on the part of the tissues are probably the determining factors.

"In my view the changed nerve influence brings about a resuscitation of the ancestral reproductive faculty."

Dr. Thompson Shirlaw writes (*British Medical Journal*):

"I fear that I do not see eye to eye with Dr. Brock where he considers that cancer is 'a dissociation of personality' somewhat similar to that found in hysteria and allied neuroses. In the latter I agree that 'the psychic condition of the patient is one of anarchy.' In cancer, on the other hand, there is no psychic condition to be considered, but a material pathological state, which can only be explained in a material way. . . . I believe that the 'controller' or 'governor' is of the nature of a secretion, and that it is a combination of the secretion of the thyroid, the adrenals, and the pituitary body. The President of the Royal College of Surgeons in Ireland has published a case of glandular recurrence after extirpation of a carcinoma of the larynx, in which the growths disappeared on treatment with thyroid extract, and asked some important and interesting questions:

"1. What is the nature of the influence of the thyroid extract and by what process did the tumour melt? (My answer is that the thyroid furnishes a large part of the governing secretion; the mutinous cells are checked and are brought into line with the loyalists whose good example softens their hearts.)

"2. How far does the existence of such cases go to prove that one of the conditions necessary for the occurrence of cancer in an individual is some defective or abnormal internal secretion? (In my opinion it goes a long way in verifying such a hypothesis.)

"3. Why does thyroid extract cure a few cases and leave others unaffected? (For the simple reason that the thyroid furnishes only one of the necessary secretions.)"

Our consideration of the problem is no less assisted by those who have recorded their experiences

of X rays and radium in the treatment of new growths.

Dr. Dawson Turner, in a recently published volume, has enumerated certain conditions in which radium emanation treatment has been found beneficial, such as "gout, chronic articular rheumatism, gonorrhœal rheumatism, rheumatoid arthritis, neuralgias of all kinds, certain diseases of women, high blood-pressure. premature old age." Now, we know to-day how much the nervous factor contributes to causation in all these, particularly in cases of gout, rheumatism, rheumatoid arthritis, and high blood-pressure. As to premature old age, this is so often the result of untoward circumstances of living that it may well be described as a big "arc" of "vicious circling."

Dr. Fernaud de Verteuil writes:

"A third theory, propounded by Deane Butcher, is that radium possibly acts as a vaccine, its rays exciting the leucocytes to the production of antibodies. In support of this it might be stated that the opsonic index has been found raised after applications both of X rays and radium.

"I have been using radium in my practice during the last two years, and the chief thing that has struck me about it is its wonderful influence on bloodvessels and lymphatics. The remarkable power that radium has in arresting hæmorrhage was referred to by several speakers at the last annual meeting of the British Medical Association. It may, in fact, be stated that its chief utility in therapeutics is its power of obliterating bloodvessels or spaces, as witness the way in which it removes various forms of nævi and angiomata. Now it seems to me that this action of radium on

vascular tissues will equally explain to a large extent its beneficial influence in new growths. The obliteration of the blood channels which ramify in and supply the growth would in great measure tend to cut off its source of nutriment, which must eventually result in the death and disappearance of the growth."

Just what determines the character of the local sign in pemphigus, eczema, psoriasis, and herpes, it may be very difficult at the moment to decide, but that the vaso-motor mechanism can be influenced in these diseases by neuroinduction cannot be questioned.

I know that neuroinduction produces vaso-motor contractile effects, on local blood and lymph vessels and on secretory apparatus; it is proved also that a normal disposition of parts can be induced under the influence of a central impression. The reason I offer is that the central aid is of the nature of a correction of association; negative conceptions become positive, and produce sympathetic reflex effects accordingly.

The reader may ask for some description of the particular technique employed. The physician having inducted towards the perfect physiological relaxation of every system, the diseased part should then be slightly palpated while words are spoken which convey the idea of a shrinking, shrivelling, contracting, and healthful feeling, in place of the very opposite conception that has existed in the patient's mind.

CHAPTER XV

GYNÆCOLOGY

Disorders of Menstruation

In no department of medicine or surgery is psychotherapy more strikingly effectual than in disorders of menstruation. I feel almost tempted to write no more than this under the heading, for the evidence is so abundant; a whole book could be written on the subject, and cases cited without end.

I hesitate to continue. I feel I would rather avoid the recital of so many instances of operations being performed, curettings and dilatations galore, which have been ineffectual, while psychotherapy has easily corrected the difficulty. But I am not quite so absurdly obsessed as to declare there are no menstrual disorders requiring the surgeon's operation. There are many. My message is, that the majority of menstrual disorders are better treated by psychotherapy than by anything else in this world. I shall have no difficulty in proving this if any medical society will offer me a platform. And I will promise not to reveal the names of surgeons, great and small, who have preceded me in the cases cited.

Whether menstruation be profuse, painful, scanty,

or abnormally suppressed, seems to matter very little; the patient can be inducted to the normal state, provided no gross organic condition is at the foundation of the trouble, and provided the mental power of the patient is sufficient to allow of development, if not already quite adequate.

But need we be astonished at this, after what we have seen respecting other disorders? Should we not rather expect very favourable results in this connection? Have we not already glimpsed the substance of this chapter through the lines of the foregoing pages on constipation?

I will cite one or two cases—selected because they offer points of interest:

A dancer, twenty years of age, was sent to me by a leading gynæcologist, suffering from irregular menstruation and floodings. Being a consultant of advanced ideas, after having prescribed everything else he could think of, he did not recommend an operation. Nothing abnormal took place as to menstruation after commencing treatment. Analysis (again not Freud's) showed that not only had the patient two years previously suffered from a rather increased amount of discharge at a few periods, but that this had since established hysterical exaggerations and misrepresentations.

Extreme menstrual irregularity was complained of by a singer whose profession demanded her appearance before the public. Analysis showed that she had once been notified to appear before royalty; the excitement

of this caused delay, the worry of which established a permanent tendency.

A married woman suffered from a menstrual flow which was unaccountably prolonged over two weeks. A general practitioner was called in by telephone, the nature of the case being explained. He arrived at the bedside and put down a bag on the floor, which the patient declared was an instrument bag—she said she had seen them before and knew them only too well. She declined operation or even examination. He prescribed ergot, and told the husband that if that was ineffective he should decline to attend again. The patient continued to suffer. Thereupon a specialist was called in. He recommended neuroinduction, and there was no more trouble.

In treating disorders of menstruation one often has the satisfaction of finding that the more severe the symptoms the more rapid is the cure under psycho-therapy; one finds the same thing in cases of skin disease, incontinence of urine, throat spasm, etc. Little attacks of many different disorders are sometimes more difficult to cure than more pronounced ones. This is not astonishing when one analyses the "negative arcs." For should a slight complaint be taken to a specialist, while others of a more serious nature exist, although not deemed so important by the patient, then the smaller "arc" is almost certain to be kept going by the larger ones; on the other hand, if the "arc" complained of be the largest of several, it will receive particular treatment, the smaller ones

being ignored: concentration on the big "arc" cures all the troubles promptly; concentration on the small one produces little effect. Hence the importance of detecting all "arcs," and of dealing indirectly with them when occasion indicates.

OBSTETRICS

I must ask the reader to excuse a passing reference to obstetrics under gynæcology; I can find no better place for the subject in any other chapter. I will merely give a case—well knowing that other psychotherapists have obtained almost similar results—because I consider that it is interesting in the general consideration of the subject:

When in general practice, some two years before I became engaged solely in special work, a pianist had been treated by me for hysteria, by psychotherapy. On becoming pregnant she dreaded the event of parturition and asked if I would attend her. During the early pains she sent for me, the time of day being seven o'clock in the evening. By neuroinduction I enabled her to obtain natural sleep at bedtime, notwithstanding the fact that progress toward the birth of the child was being made all the time. At four in the morning I was telephoned for by the nurse, who excitedly declared that she had just found the baby in bed on being awakened by the patient. The latter had known nothing until she felt the child between her legs; she then called the nurse, who was herself fast asleep in an armchair.

Cases of alteration of the amount and quality of mothers' milk have been referred to in a previous chapter.

I have obtained many most satisfactory results from treating "expectant" mothers during the war years, and while there were air-raid possibilities, who have feared unfavourable eventualities of various kinds. One or two applications of neuroinduction have served to steady the whole nervous system and given opportunities (incidentally) for improving the potentialities of the patients for their ensuing "confinement"—invariably reducing both the general and local distress of "labour."

CHAPTER XVI

CRIMINAL INCLINATIONS

KLEPTOMANIA

I HAVE found some cases of kleptomania to have had their origin in mental traumata which have occurred in very early life. Analysis has revealed mixed emotional elevation due to the fact that an article of value has been taken, and has been missed by its owner, the success having involved sensations of pride at outwitting the latter, as well as delight in possessing the article, alternating with general fear, to which may be added dread of punishment and anticipation of accumulating anger and distrust. In other cases accusation has been "rubbed in," perhaps for weeks, the patient having been in the position of a prisoner incarcerated for a first offence, who has decided that he was the sort of person known as a criminal, and felt he could not be otherwise, being afterwards attracted by opportunities for repetition of the act (just as a moth is attracted by any light that may be visible), there being little chance for the introduction of positive correction of a sufficiently emotional nature.

I have found cases easy to treat by a neuroinduction which will permit positive emotion to exercise its

neutralising force. The following instance may be studied. A young woman of gentle birth and breeding, aged twenty, was sent to me by a neurologist of high standing, suffering from kleptomania, falsehood, and general bad behaviour, with a history of having been for some time entirely uncontrollable by her parents. In the advanced stages she had given false names and addresses upon ordering valuable clothing, while nothing left lying about anywhere near her was safe. She had even learned all the procedure of pawning, as a secondary development, having discovered that to take things of great value meant further possibilities and delights quite beyond the mere satisfaction of a craving. She now enjoyed the sensation of defeating others and the idea that they were powerless to prevent her depredations. She was a most amiable girl and showed signs of being well-informed and clever. She had no supraconscious answer to the question as to "why she did these things." She simply replied with an artful smile: "I don't know."

Treatment by neuroinduction stopped her telling falsehoods within a week, when she also exhibited the sincerest wish to do everything that was right, making me cautiously suspicious of the real genuineness of her remorse in one so capable in cunning. She never took anything belonging to another from the first treatment, and seemed very happy to learn how to win the trust of those about her. It is now three years since she was treated, and during this time she has been so happy and safe that I would, with the utmost confi-

dence, recommend her as a teacher of others who should exhibit disorderly tendencies. She is now as industriously capable in right conduct as she was formerly studious in wrong-doing. Her appearance altered greatly; from looking furtive, miserable, and older than her age, because somewhat drawn in the face, she became brighter, more open-eyed, more intelligent and younger looking. She only required a few easy lessons before she altered negative trends of thought to positive, during which time analysis discovered a very early instance of stealing, on which occasion she had experienced a feeling of intense anger on being reproved, which had made her feel defiant, and inclined to "do it again." Later on she found that she could "make it pay," and that there was no reason why she should not continue to steal, "having got the name for it." She further explained that the knowledge that her mother was so ashamed of her and so anxious to keep her wickedness from the knowledge of others made her bolder still.

Kleptomania is very often associated with some sexual strain. Women who have some growth or disease of the sexual organs are especially prone to kleptomania of a selfish or spiteful order. The thoughts running in the mind of one patient were these: "I have troubles which others do not seem to have. I wish they had something of the kind. I cannot give them any very well, but I can take something belonging to them, and I *will* do so." Such sufferers appear as though they wish to vent their spite

in one way or another, and the secret satisfaction is found to be more gratifying to self and more successful than anything open could be. I have known patients to be pained by the disadvantages of some illness, who have felt "hateful" towards others who are well. "Get out of my sight," I once heard a wife remark, with tense anger, to her husband, who stood sympathising at her bedside. "*You* are not suffering from cancer; you are well. *You* don't know what I feel." Toxæmia is sometimes an "arc" in the "vicious circling" of this class of case.

Strivings and yearnings after a lover will sometimes bring on kleptomania. Anxiety lest there shall be failure to attract, or a great desire to possess something in order to help on a closer relationship, may be exhibited, together with a certain amount of jealousy because others are seen to be so happy and so much better off.

There is another form of kleptomania in which early trauma may be found, in adult males more commonly, when self-flattery seems to have been the dominant error of emotion. A boy, having once prided himself on his cleverness in being able to take things without being "found out," will very quickly develop cunning and untruthfulness, and may go to great lengths to satisfy his vanity. I have had occasion to analyse such cases, from which I will select one, that of a man thirty-seven years of age. He owned a lucrative business; by means of a police trap, he was caught stealing from a house which he was surveying for

repairs. He had gone so far as to believe, after years of practice, that a man in his position would never be suspected; all the time he fed his conceited notions by instances showing how clever he was as compared with others. He had felt obliged to run many risks since his school-days, until there came a time when he was overworked; then the very strongest inclinations developed, with a newly added spirit of contempt for people whom he knew were not so clever as he. He had impulses to take something to prove his "smartness," recalling instances of what he used to do so often years ago. Anxiety to obtain material advantage while suffering from overstrain in business had also made him abnormally jealous.

When arrested by the police he coolly displayed the most earnest diligence in defending himself, exhibiting almost an insane self-persuasion that he was really too good a man to do anything wrong. Such was the cleavage in his personality that he did not appear to be in the least ashamed; he seemed to feel the inconvenience which his arrest was to his wife and himself, and the loss it meant to him in his business, more than anything else. He answered his friends' questions, and my own, with an air of injured guilt, as though everybody had better be careful what they said or did with him, all the time appearing to carry in his mind the idea that he was really very clever and capable and meant to show it, whatever happened—as, indeed, he was well known to be, both in respect of his business and in his public appointments.

Success had brought his ultimate downfall, for it had prompted overwork. In the strain of his position, worry and ill-health repeatedly admitted some of the negative tendencies and reminiscences of his boyhood. He was not punished, though the offences with which he was charged had been continuing for two years, and they were very many; on the contrary, in a few weeks' time he was appointed to a very high position, the case having being considered by influential friends to be one of temporary mental aberration.

People of artistic ability who are very ambitious and yet unsuccessful will sometimes develop kleptomania, the underlying aberration being of a desperately jealous nature; victims of this disorder usually suffer from dyspepsia, with loss of weight, due to worry.

I am of opinion that not only should all cases of theft which are committed by those who are not habitual criminals be sifted by a medical expert, but that all criminals should be to some extent scientifically analysed, no matter what may be the nature of their crimes. Every prison or remand establishment should be in a position to call in a medical analyst who has had some experience of nervous and mental disorders, so that each prisoner may have the nature and causation of his offence gauged before sentence is pronounced. This may seem to be a counsel of too great perfection, but we shall move in this direction before many years pass. That eminent doctors should appear in defence, when crime is committed by the classes, while the masses must take their chance with-

out such sound advice, cannot make for the best of all possible worlds.

HOMICIDE

The recommendations of the last paragraph may be advanced with still greater insistence in respect of homicide or outrageous assaults of any kind, for very many of these cases are the result of mental aberration. Every doctor knows how often a person suffering from masked or suppressed epilepsy may develop insane tendencies to attack man or beast.

Early signs of lust for blood should be promptly dealt with by the doctor, when detected, if serious tragedy is to be avoided later on; the love of killing even birds or small animals in childhood or youth may develop very dangerously in after-life. The instance has come to my notice of a boy of aristocratic and wealthy parentage who became so fascinated by the sight of death being inflicted on animals—having once seen sheep killed in a slaughter-house—that he subsequently sought to have a slaughter-house built adjoining his amateur carpenter's shop, so that he could himself superintend the killing of animals.

The following case may be found interesting and instructive:

I was asked by a humanitarian friend to see the pet dog of a lady which had had its tongue cut out, for not only did she wish to know what should be done to the dog, but she desired to have the case investigated, so that the miscreant might be brought

to justice, there being no clue as to who had done such a cruel thing, or what the real motive might have been. On close examination I found that the tongue had been cut to the extent of two-thirds of its breadth, while the remaining third had been pulled and torn through.

The chances of the dog living happily were so very poor that I ordered it to be shot. In the presence of three specially chosen inspectors of different authoritative bodies I then conducted an autopsy. I found that in addition to the cutting and pulling of the nature described there were two small cuts on the lower lip near the angle of the jaw. I concluded from the one-third of torn tissue that the dog had strenuously resisted, and had frantically pulled away from the person cutting the tongue. I considered that the two cuts in the lower lip were made in the desperate efforts of the person to hold the dog in order to complete his criminal work. I therefore thought it extremely likely that some part of the guilty person had also been cut—probably the outer side of the left hand.

Upon this conclusion the police inspector went to work, to search for a person having a cut hand. A man was found within twenty-four hours, with a white bandage upon his left forefinger. The person happened to occupy such a prominent position that it was at first deemed impossible that he should be the miscreant. But more inquiries were made, and further confirmations accumulated. Yet there was not sufficient evidence to charge him; not only did it seem almost impossible to establish proof, but there was also

the risk of a charge of libel and slander being made against the police. I made further inquiries myself, and found evidence of lust for blood and a tendency to seek revenge in the history of the suspected man; he was also known to be greatly addicted to speaking to children in a suspicious manner. Steps were taken; he promptly left the neighbourhood. I had no hesitation in warning the authorities that such a person would be likely to commit still more serious offences.

Some very strange cases of homicidal tendencies have come before my notice from time to time. I will give short notes of some of the more instructive:

A distinguished girl student at one of the leading schools of learning alarmed her sister in the midst of important examination work by telling her that she was developing ideas of killing her father and brother. She was sent to me by a neurologist as being a suitable case for "suggestion." On being questioned, she cried, and explained that her ideas were extending even beyond those already referred to, and added: "The worst of it is they are the people I am most fond of." Neuroinduction and analysis proved the earliest indications of disorder to have been of a sexual nature. Amid the enthusiasm aroused by lectures and studies she had felt curious about her sexual organs, and when a male lecturer appeared before the students she had been frequently troubled with thoughts about the anatomical formation of both sexes. She was found to be vain, ambitious, and proud of being above the

average in her work; very shortly after her abnormal ideas had developed she became far more inclined to enjoy the curiosity which others displayed about her homicidal thoughts than to be at all serious about them.

As is common in many nervous and mental disorders, she became extremely obstinate while neuro-induction was proceeding. I frequently observed her tightened lips and defiantly-clenched fists when conversing with her, the interviews having the effect of arousing a vigorous contest between healthier trains of thought and the impulses of disordered ideas. There came a period when she broke away entirely, and refused to be treated any more.

It seemed as though she wished to retain the capacity for arousing interest in her abnormal ideas. After forty-eight hours truancy she returned, as I expected, having been clearly convinced by her sister that she was in some respects much better already.

It is extremely fortunate for such people that, though they may for some time be drawn by "negatives" during treatment, they are actuated even more powerfully by "positives," if only these can be inculcated sufficiently before any "kicking" commences. After resuming treatment this patient proceeded without a hitch to perfect recovery, and in due course renewed her studies. She passed her examinations with honours, and has since been engaged most successfully in teaching, never having displayed any abnormal traits whatever.

Here is another case: A girl had married. But there was such a history of nervous disorder in her case as made it very questionable whether she should have done so. The more serious indications had been kept from her husband's knowledge. She herself doubted whether she was mentally sound, and while going through the months of gestation (it being her first pregnancy) she developed emotional ideas as to the serious responsibility of bringing a child into the world; she also began to worry more particularly because she thought the child might be like herself—or even worse. When born the child possessed a slightly abnormally shaped head. From the birth of the child onwards the mother gradually developed the notion that she ought to kill it in some way: she later proceeded to worry over the precise way in which she had better do this. She also frequently thought of suicide. That the baby happened to be physically a fine specimen helped me considerably in my treatment of the patient, as did also the fact that it gave clear signs of unusual intelligence. The mother, now realising these advantages, became all the more satisfied to keep it. She made a very good recovery, and became a good mother and mistress of her house. Analysis revealed sexual perversions from the age of six, while she had always been given to cunning and mealy-mouthed dissimulation.

Vanity seems to arouse retaliatory and spiteful ideas on the part of some expectant mothers; such may develop puerperal mania, and impulses to kill the

infant when it is born. Analysis has revealed in other cases the development of anger and hatred on account of the use of instruments at birth, and of disgust at what has to them seemed a mutilation which they have been forced to undergo, and which has made them feel, as they have looked at themselves afterwards in the mirror, "sick to see the wreckage," thinking that the chances of enjoying life in future would be hopelessly marred.

I have given various analyses, readily recognising the fact that the psychiatrist may have other explanations which may perhaps be equally valid in the majority of cases of puerperal mania that come before him. I frankly admit that I have treated only a few of these cases; and I write from the point of view of a psychotherapist who has been successful with these few. Of course I admit that the "negative arc" of toxæmia enters as a factor in some instances. I am also mindful of the fact that some of the more severe cases have a history of epilepsy in the family, and frequently of insanity, as Sir George Savage has so well set forth in his works.

In considering crime in the adult, or bad behaviour in the young, the question has often arisen in the minds of criminologists, neurologists, judges, and governors of gaols, as to what is the best form of punishment. Before a remedy can be applied satisfactorily to a disease or disorder of body it is a commonplace that a correct diagnosis should be made: it would seem that it should be precisely the same with disorders of

the mind. Whether we have to deal with cases of trifling misbehaviour, or have to judge homicide, the mind should be sufficiently analysed. The pages of this book offer ample evidence of the fact that under certain circumstances sufferers will reveal their own inner thoughts. I have endeavoured to establish the fact, in a later chapter on analysis, that under a training which balances and levels the thinking processes, and which also gives a stimulus to healthy energy, patients will very largely analyse themselves, and will, in their own interests, find a reason for revealing themselves to their advisers. Thus confessions of guilt may be made, not under compulsion of the rack or an inquisition "of the third degree," but as a result of seeing things in a truer light and in a better mental perspective, not under threat compelled by the will of another, but on account of the restoration of the patient's own will power—confusions and subconscious chaos having been cleared away.

The medical director of the psychiatric clinic of the American Sing Sing prison has reported in the *Journal of Mental Hygiene* of April, 1918, "that no less than 59 per cent. of 608 cases, in addition to evincing various conduct disorders—the direct cause of their imprisonment—also exhibited some form of nervous or mental abnormality, which in one way or another had conditioned their behaviour." This report is eloquent enough for anything, and it emanates from a country that is far ahead of Great Britain in the study both of criminals and mental deficients.

CHAPTER XVII

EARLY MORAL AND EDUCATIONAL

IT goes without saying that the sooner abnormal tendencies are discerned and treated the better, for the reasons already given; it is the rule that the younger the patients the more easily are they treated by neuroinduction when supraconscious guidance has been found insufficient. That the young are very open to receive information is a commonplace, but they are also prone to develop great confusion in the supraconscious, for reasons which it would be superfluous to mention. There is a higher degree of receptivity in the subconscious of the young than exists in older people; the natural desire to acquire understanding is great in the growing and developing body and mind.

We have seen in a foregoing chapter how in the adult the memory depends upon subconscious fitness and balance, how it may be restored from complete abeyance, and improved when weak, by subconscious training, while greater powers of concentration and detachment may be developed. It follows, therefore, that nothing can be so beneficial as neuroinduction when defects of mind power or abnormalities of functioning show themselves in the days of education.

Even absolutely normal people may be improved by neuroinduction, just as an average individual may develop more powerful muscles by training. In America subconscious training has been tried in the normal with wonderful results, enabling pupils to acquire accomplishments of a very high order. Nevertheless I distinctly and emphatically advise against any undue subconscious "cramming" of the young, as I certainly would in the case of ordinary education. I consider that those psychotherapists who have succeeded in producing exceedingly clever and capable children—almost phenomenally so—have exceeded the limits of the justifiable. I consider that all we have any right to aim at in any method of dealing with the young is reasonable excellence, not supernormal precocity. But although I think there may be danger in forcing the young too far, it is only fair to remark that I have yet to learn that any untoward effect has actually been produced. Candidly, I do not like the idea of aiming at an abnormal development of intellectual power, even in a useful direction. But I may be too cautious in this matter. The fact is that I prefer to be cautious for the time being. I do not think one could possibly overstrain adults in subconscious education; but I do think it may be possible to overstrain those who, because they are not old enough, are not completely developed anatomically or physiologically.

Difficult boys and girls, and spoilt children, will, of course, very greatly benefit by neuroinduction, especi-

ally when their bad behaviour has prevented any successful progress which ought to have been made. Many badly behaved and "incorrigible" children are really very capable if they are put on the right road. It is well known that some do no good at school, yet distinguish themselves later on. History records plenty of such examples. In these cases the emotional power of some chance interest has produced an automatic eagerness to cultivate—on certain lines, in the midst of their drifting—some employment which has led to success. Perhaps a hobby has gripped and fascinated the growing mind, and has subsequently been turned to profitable account. Extreme intelligence may itself be a cause of confusion as well as chief contributor to the supraconscious delights of life in the young; the mixture may make for over-indulgence, and so cause parental despair, leading finally to the buying of a single ticket to one of the Colonies. It may well be imagined, after one has made an extensive study of various mentalities, how many youths might have distinguished themselves in the past had psychotherapy been brought to bear upon them in order to create a better balance between the emotional impulses and a reasonable calmness of the subconscious understanding, the latter being then enabled to control the former.

Then, again, many boys and girls have been known to win excellent reputations, and to receive the best of reports on leaving school, who have gone altogether wrong directly afterwards. One of my patients had

been *dux* in both school work and games, and had taken to drink within a year after the completion of his education. He had been "good" under the pleasant stimulus of winning plaudits for successes in certain grooves, while being under a control which he strictly regarded and wholly respected. When away from this, the world was at once too fascinating and too exciting for him; like the horse at the corn bin, he wanted to take more than was good for him, so soon as he felt perfectly free to help himself *ad lib.*

Neuroinduction will enable a person to derive pleasure from hard, plain, ambitious thinking, who perhaps could never reach such under any other circumstances. Many a boy has been packed off abroad to find his way in a pitiless unhelpful world, unhappy, yet knowing that he possessed capabilities, never to rise again, who, if he had been placed under a psychotherapist of quite elementary powers, would have been saved to become a credit to his family. If there are instances of "spontaneous cure"—as I believe there are many of them—then all I can say is that there would be many more under scientific treatment. I have known several "bad boys" return home to family reconciliation, ten and even fifteen years after they were sent away for bad behaviour, who have finally been very successful. One, for instance, returned when his father died. Another worked his passage home and begged for reinstatement. He need not have been sent abroad at all had his father been better advised.

Of all tendencies in childhood which make for the

graver disorders, which foster and feed them after they have been generated, falsehood is probably the commonest and the most powerful. It is often the very first "arc" in a life of "negative circling," and there may be inheritance of a disposition to falsehood. Should the untruth happen to succeed, from the youngster's point of view, in its first manifestation, the results may be disastrous in their tendency to bring in other "negative arcs" in natural consequence. On the one hand, falsehood may lead to serious crime; on the other hand, it may result in ultimate psychasthenia and mental derangement. *Therefore it is of cardinal importance that first instances of falsehood should be very wisely dealt with;* not too harshly, but by reasoning, which will arouse sufficient shame to create a real desire for avoidance in the future. Sufficient fear should be produced to cause the child to choose the truth more carefully and decidedly; the sense of self-respect should be encouraged sufficiently to fashion positive "arcs" rather than negative; and the sense of emulation should be elicited by early lessons in proportion and true balance. "Honesty is the best policy" should be taught as a practicable and profitable rule of conduct, rather than as a copybook maxim or a vaguely religious injunction—at a time of life when everything is new, strange, and very often difficult. The reward which right conduct brings should be made obvious by interesting and emotional object-lessons. Those who exhibit a tendency to falsehood acquired by inheritance can be changed for the

better with very little difficulty by the psychotherapy of to-day.

I have so often found sufferers from mental and nervous disorders to be saturated with a tendency to falsehood—analysis proving almost as frequently that it appeared as a very early trait—that I feel bound to lay very particular stress upon it in these pages. When it constitutes a later "arc" in a patient already afflicted with difficulty of thought, and possibly also hampered with phobias or abnormal cravings, it may not be so easy to deal with; but whenever and wherever found, the correction of it by neuroinduction is most effectual in the treatment of *all* disorders of thought, for this involves an emotional straightening out of the processes of thought; thus the whole mentality is eased.

One of the most difficult cases of psychasthenia I ever treated successfully was conquered from the moment I found a deliberate and clearly distinguishable falsehood in conversation and dealt with it on the spot. The patient had found this "negative arc" valuable to her after many years of difficulty; and so cleverly did she exercise it that nobody was able to bring any instance home to her. She was securely hedged and fenced against opposition by her environment and her influence over all the personnel of her household, and everybody in or out of the house, servants, mother, and doctors—all seemed powerless before the well-trained ingenuity of her ingrained evil habit. The result of any attempt to thwart her was usually an

outburst of wrath, which caused yet greater disorder of thought; her whole mentality had become a mass of contradictions; the particular tendency had reached such development that in the later stages she appeared to believe that many of her falsehoods were really true, so divided into definite sections did her thinking become.

All this was clearly demonstrated during her treatment by trapping of instances of falsehood, and by analysis of her case. Each lie was, as gracefully as possible, almost pleasantly, pinned upon her night-dress, so to speak, for she was bed-ridden. The exposure was made as an "arc" of *positive* "circling," out of which other "arcs" were to be fashioned swiftly, one after another, until a perfectly normal condition was attained. She was greatly impressed by being clearly "found out." A sense of shame produced an ample flow of auto-suggestion. Subconscious auto-analysis and synthesis further enabled her to co-ordinate her ideas to the extent of effecting a clear self-exposure; she began to take infinite care that nothing but the whole truth should be told for the future.

Such a case serves to indicate very emphatically the power which a free debauch of falsehood can exercise in "vicious circling." No matter what variety of psychic disorder is considered, this particular "arc" will usually present the greatest difficulty to the doctor, for the simple reason that attempts at correction may cause a hopeless rupture of the relationship unless all are very carefully prepared beforehand.

A schoolmaster was sent to me suffering from insomnia. I soon found the case to be one of scare with a considerable amount of misrepresentation. To make his anxiety and trouble still more convincing to me, after the first interview and treatment he added rheumatic pains as a "negative arc." It was his opinion that the insomnia was due to rheumatic pains, and that if the latter disappeared so would the former. I argued with him that if the rheumatism were genuine it would go under the medicine I should give him, for there obviously could not be much of it; if not genuine then any tendency he might have to tell falsehoods would go. We should see! The result was that the former did go; his subconscious mind found the argument too straight to resist. He attempted occasional opposition, but always found that he only succeeded in further exposing his tendency to exaggerate and misrepresent.

I afterwards remarked to him that he surely must often teach his boys to be perfectly accurate in their answers, and to conduct themselves properly, which caused a slight increase of coloration in his neck, as he turned his head to look out of the window, making an uneasy movement of the mouth to one side. Analysis was required once more in his case; sexual perversion was discovered, having existed since boyhood. The idea of rheumatism having been cured, carrying with it four-fifths of the insomnia, the balance afterwards disappeared on treatment of the sexual disorder. The patient got the best lesson of his life as

regards perversion of the truth; the wrongfulness of it had been appreciated all along by one part of his personality, but a conflicting idea of the advisability of employing it in certain extremities had been persisted in quite studiously by another part. He explained afterwards that he knew I should cure him from the very first interview; he subconsciously realised that I was pursuing the right track.

Literature for the young requires wise censorship. The question is comparatively immaterial as regards those over the age of youth. Mr. McKenna once replied to a deputation which waited upon him, asking him to urge legislation and more vigilant administration in respect to demoralising literature, as follows:

"The police know that a very large quantity of literature of this kind was circulated, unfortunately in the most improper quarters possible, in schools amongst young boys and young girls. He was a supporter of freedom of trade, provided it was for the public good, but this trade could not be described as being for the public good. He was grateful to the deputation for strengthening the hands of the Home Office on this question, and he assured them that they would find the Home Office only too anxious to carry out the wishes that had been expressed."

It may usefully be repeated that the young are particularly amenable to direction by neuroinduction; they respond to suggestion to a far higher degree than do adults; their mental and physical mechanism is ripe for learning, they possess youthful responsiveness and eager desire to "make good"; their

mentality has not become encrusted and seasoned by many years of confusional experience and with buffetings incidental to a more responsible later life. They make the very best plastic material to work upon. Every child which is difficult to direct, whether of the poorer or richer classes, should be sent to a sufficiently experienced psychotherapist, who need not even be very highly experienced. I could train a hundred doctors in a couple of weeks, who had never studied the subject before, to treat cases very successfully. All I should require would be that they were men of average tact and common-sense, and preferably those who had had some years of good general professional experience. If medical men were to study on their own account they might become first-class psychotherapists, able successfully to treat various functional disorders, in from two to five years, by the aid of such a book as this. The work is no more difficult than painting, piano-playing, or golf. But on the other hand it can hardly be much easier than these, if all-round proficiency is to be arrived at.

CHAPTER XVIII

CASES INCIDENTAL TO WAR

CASES of nerve-shock, shell-shock, insanity, the inhibition of special senses, and so on, as observed in the Great War, have afforded no better material for study than has been found in times of peace—no particular features for which anyone employing treatment by suggestion has not been thoroughly prepared before the war. Treatment by neuroinduction and analysis will reveal the extent and the nature of the disorder as surely as X rays will detect metal in muscle, if not quite so quickly; and it will materially assist us to form conclusions as to how much organic injury of the brain there may be in particular cases.

Very great use has been found for treatment by neuroinduction in cases where patients have not been able to make up their minds as to whether they ought to enter one of the war services or no. Auto-analysis, following upon altero-analysis, has in many cases revealed a real inclination to serve when a vigorous supraconscious opposition has been displayed. In one case a conscientious objector became a loyalist during induction; it had been previously explained to him that no attempt would be made to alter his views—that he would alter them of his own free will

if he saw reason to. This case shows clearly that the subconscious is *the* conscious—the superconscious.

I may add that I entirely agree with those physicians who have recommended that military men suffering from functional nervous disorders should not be treated in institutions where they see so much of other cases of the same order. Such are better placed where they may be helped towards employment, in order to forget their troubles as much as possible. Years before the war I adopted this method; I placed certain patients under suitable supervision where they might live just an ordinary life amongst normal people, the latter being carefully instructed as to how they should help if need be.

Several military cases have been referred to in various former chapters. I will, however, shortly refer to one *en passant*. A mental specialist brought to me a late lieutenant, invalided out of the army, for his friends wished me to see him. The specialist frankly declared to me his opinion (away from the patient's hearing) that the condition was quite a hopeless one—he having in his experience "known so many similar." Treatment by neuroinduction not only restored the patient to the normal, but he entered the army again; his work was now found to be of a higher order than before; so much so that his promotion was unusually rapid. He is undoubtedly more capable to-day than ever before in his life, as he happily declares. His is a very good example of a patient reaching a legitimate supernormal—as one might describe it—after a course of neuroinduction.

CHAPTER XIX

NOTES ON PSYCHOLOGY, RATIONALE AND TECHNIQUE

THERE are some very good works on psychology which are useful to the psychotherapist, such as McDougall's books and articles, than which there is nothing better for laying a reliable foundation. I shall refer shortly to matters already well known, but I shall deal particularly with very vexed questions, and I shall form *conclusions from actual work done in psychotherapy*, with a view to helping to elucidate certain problems. Thus I shall draw upon a hundred pages of material originally designed for a longer chapter, and compress the gist of these into less than one-tenth of the space.

I object to the term "suggestion." I prefer "induction." The dictionary gives us this meaning of suggestion: "Information or hints to the mind or thoughts." But the physician means more than this, and includes clear explanations, reasonings, impressive illustrations, cogent contentions, and at times even urgent adjurations. I therefore prefer "induction," which a dictionary describes as "an inference of some general truth from special facts." But inasmuch as I always include very definite effects upon sensation in

every application of the system of induction, I find the word "neuroinduction" still more apposite and expressive. At the commencement of every treatment by neuroinduction I make sure of general physiological relaxation as a *sine quâ non* state throughout both the mental and the physical systems. I have found that full physical relaxation always conduces to relaxation of thought. I look upon it as a simple law that physical relaxation is bound to involve an amount of mental relaxation, and *vice versa.* There can be no exception to this law, as extremely simple investigation and demonstration will be able to verify. Physical relaxation, when properly inducted, should involve all sensorimotor arc mechanisms of the body; any degree of reduction of tenseness anywhere in the system will affect the whole balance to some extent. In neuroinducting a physician demonstrates both to the sensations and to the understanding of a patient that which he considers is of value for the latter to experience.

By altero-induction I mean induction conducted by a physician in treating a patient. By auto-induction I mean a patient inducting himself, he himself making and accepting physical relaxation and mental conclusions, either deducted, or divined, perhaps read about, or possibly given him in ordinary conversation by another. It follows that altero-induction carries with it some amount of auto-induction when the patient acquiesces. The term "auto-suggestion" has, in the past, been defined and employed somewhat carelessly by some authorities. Usually meaning

little more than acceptance, it is a term that is of very little use to us.

The word "suggestion" has been understood by some to imply that false as well as true representation may legitimately be made as thought necessary. Now, I do not allow induction to involve anything but scientific deduction—in other words, the truth. I have never yet found any misrepresentation which could not be surpassed, as a power, by accuracy—other things being equal. The technique is faulty if a patient can only be led by a lie—even by a purely white one. One may avoid answering? Yes; but as to ever making an actual misrepresentation—no! Many will disagree, but years of experience have proved and confirmed the soundness of this advice. Once let a patient suspect that any word or action is false, and the work of curing him will be multiplied.

In my use of the term, neuroinduction implies the *accurate* conveyance of reliable sensations and conclusions, and their correct interpretation; it is a *true sense* demonstration and elucidation, both physically and mentally.

In neuroinduction peripheral confusion of special-sense employment is minimised. Thus the area of brain activity is reduced, which enables a patient to concentrate more effectually upon such matters as are put before him by the physician's words and manipulations. It follows that words and manipulations will concern the sympathetic system more nearly and impressively, by the power which suggested normality

gives, in prompting, releasing, encouraging, or exalting function, in any way acceptable to the sympathetic system under both central emotional excitation and local stimulus.

Many erroneous arguments have been written and spoken both by medical men and the laity concerning the expression "will-power." "Will," according to the dictionary, is "the power of determining and choosing"—or "inclination," or "intention." Now, in ordinary education we have a means by which we increase knowledge; we elicit the power of exercising further thought. But we do not consider that ordinary pupils have defective will-power; nor do we speak of a teacher as exercising his will-power over his pupil. On the contrary, what really happens is that the pupil is taught in the belief that he possesses will-power of his own. It is true that the will-power of one may be exercised over another by way of compulsion if reasonable inducement does not elicit more right appreciation than wrong; the will-power exercised by systems of law and order must be employed against the mood of a criminal or a lunatic, whose will-power is deficient, and whose actions may be crudely instinctive and constantly abnormal—akin to those of animals. In hypnotic suggestion the will-power of the subject is not so much trained. In true and perfect definite hypnosis there is rather obedience, after the initial resignation. Neuroinduction instructs: The will-power of the patient is increased from the first, and it grows apace, to the point of automatic ease.

Instead of the *rapport* of the older writers, I prefer the term altero-association; instead of the hypnotism of the older writers, I would describe the process as altero-*conduction;* in place of suggestion, altero-induction would seem preferable.

The moment altero-induction becomes complete conduction, the condition should constitute the hypnosis of the older writers, with the capacity of exhibiting hallucinations, and incapability of remembering in the supraconscious what happened during the state of hypnosis.

Hypnosis (so-called) or altero-conduction is not the best state for treatment by suggestion, for the simple reason that the most efficacious suggestion is only to be obtained by the most perfect co-operation possible on the part of the patient. In so-called hypnosis the patient is not asked to co-operate: he is bidden. He consents to enter into the state of absolute resignation, leaving all direction to the physician. He resigns his volition, but retains just enough potentiality to enable him to resist and oppose in case this should seem advisable. Let the reader avoid any misconception here: the hypnotised or altero-conducted patient can always exercise volition to the extent of refusing to obey an injunction if he has sufficient reason to do so. Because he does not act according to behest he must not be regarded as either unconscious or without volition; it is simply that he so far ceases to exercise his own volition. Inducted patients fully co-operate all the time.

When a physician treats by suggestion he teaches, advises, inducts. What does this do physiologically? It creates or facilitates association between neurones, through synapses, according to acceptance of reasoning.

I would also prefer to speak of the process of convection from neurones to neurones, through synapses, as synapsis. Now in order to create or facilitate synapsis it has been found that it is better to deal first with any chaos of activities that exists, to limit confusion amid a multiplicity of energies. Hence we should begin by inducting towards limitation and concentration. We actually do so on commencing treatment, when we merely elicit a patient's attention. We help him to leave out of account certain considerations of his own for the time being, and to give heed to others. We limit his own disordered energies, and invite more profitable expenditure in certain particular directions.

The extent to which induction may facilitate neurone energy will be variable according to the powers of understanding possessed by the patient, which powers vary as do facial features and cerebral convolutions—nay, even as the quality of the neurones. The capacity for understanding varies more than anything functional that we can think of.

When the trombones of an orchestra are going badly in the concerted playing of a symphony, the conductor, when practising, will stop the whole orchestra; he will then tell the trombones to play alone. In like manner, if a patient has an obsessed or difficult-thinking mind,

the physician will induct towards the more desirable energies, while inhibiting all but those he wishes to improve. He will ask the patient to lie down, so that even the muscles shall not energise to hinder thought. He will tell the patient to close his eyes, so that he shall not look about and catch confusional ideas from what he might see in the room; he will ask the patient's attention, in order to encourage concentration of thought. He may achieve a high degree of co-operation in this process; the more perfect the co-operation, the more readily will the patient learn correct sensations, ideas, and conclusions.

The best technique does not require obedience so much as acquiescence; it does not intend that a patient shall do as another advises him, but as the patient shall advise himself, as a corollary, of the clear and sensible issue discussed with him.

Thus treatment by neuroinduction is nothing more and nothing less than a training of the activities and intuitions of neurones and their connections; a teaching of that consciousness which has been called the subconsciousness by the older writers, but which one has every reason for calling the superconscious, for within it resides our greatest intellectual capacity. Treatment by neuroinduction is imparting information to the purest and finest consciousness the neurones are capable of displaying, in order to make it still more widely conscious.

Everything goes to prove the greater value of neuroinduction over hypnosis. The fuller the awareness,

the purer the consciousness: the greater the power of co-operation exhibited by the patient, the greater must necessarily be the results of induction. In times gone by hypnosis to an extreme degree was sought by some physicians, who were under the impression that it was the most desirable state to aim at, in their quite pardonable ignorance as to what this state really was. Yet good work has been done by hypnotism in the past, in spite of its drawbacks, just as surgeons did good work under very crude anæsthetics and technique before better were discovered.

What is the subconscious? I shall not give any of the definitions of former writers, for I disagree with them all; I must ask permission to give my own. I consider the subconscious, which I would much prefer to term the superconscious, to be the clear and essential consciousness which exists when the mind is busy with nothing but internal thought—when it is unaffected by any special sense activity. It often energises automatically upon first waking in the morning, after all the muscles and special senses have been completely at rest for some time, and everything is still inclined to rest, excepting the power of thought. The same state is reached in variable degree when a patient is treated by neuroinduction, and is told to close his eyes, to do nothing—not even to listen, which would involve some effort. After his plain hearing is elicited he is expected to understand the words and to feel the manipulations of the physician because he will not avoid either; at the same time he is taught to

relax every muscle absolutely, in the fullest physiological meaning. According as he is inducted or taught to fulfil these conditions, so will the subconscious be reachable by suggestion in further induction.

Opposition to induction will vary according to differences of opinion and purport which may exist between physician and patient. Therefore it behoves the former to be as absolute in order and accuracy as it is possible to be; also in philosophy, in religious beliefs—in fact, in any subject referred to by any patient who is suffering from distress of mind. Differences of opinion may have a neutral effect, or they may arouse opposition. The latter may either be exhibited on the instant, or after a treatment, lesson, or training—call it what you will. If a patient be obsessed, or under a chronic misapprehension, the physician will correct this, employing such illustrative arguments as he considers best.

Nothing is more likely to fail than words spoken by the physician which are inapt and unconvincing; incorrect teaching will be hopeless. A Protestant physician remarking to a Roman Catholic patient that his beliefs are wrong, for instance, is not likely to cure a patient suffering from religious mania.

Hypnotic suggestion has often failed to cure patients suffering from mental or nervous disorder, for reasons which the reader will clearly understand from the foregoing. Treatment by neuroinduction will hardly ever entirely fail, so long as the patient has any sound

sense left in the subconscious plane. It is not even so likely to fail as well-taught lessons in natural history, say, imparted to the supraconscious mind of an ordinary pupil. The value of neuroinduction over hypnotism lies in the patient's self-assistance and his co-operative manner of learning. Moreover, the results of the neuroinductive form of co-operative suggestion are permanent—at least, as permanent as the most useful and valuable lessons learned in the process of ordinary education when this is at its best, and often much more so; for lessons which make for pleasure instead of pain, and health instead of ill-health, are likely to be better remembered than any other—much more, therefore, are they when conveyed directly to the subconscious.

I am obliged to conclude that the hallucinations and delusions of the insane arise out of the conscious. Suitable and sufficient analysis will prove this. I will give a reason for coming to this conclusion. A paranoiac informed me that he was persecuted by people. I treated him by neuroinduction, and to a certain extent cleared his subconscious mind. He was then able to explain that years ago he had stolen money from a friend's desk. This had "got on his mind," and had given rise to ideas, later on, that he was being accused by people. He saw men pointing at him in his imagination. Thus we have no right to say that delusions and hallucinations arise out of the unconscious mind. It is simply plainly erroneous to do so. The person is conscious of them, but it merely

happens that he is not supraconscious; hence he is supposed by the more superficial observers to be unconscious of them.

It follows that I can only study insanity of every kind, first through the truism that every thought or idea exists in the consciousness, or rather first in the subconsciousness, the purest potentially equipped consciousness of the individual, which in any instance of insanity is not sound; if wholly unsound then we have a real unconscious. I proceed to study any case of insanity just as I would one of simple or complicated hysteria; I set to work to find out what are the flaws in the *superconscious* mind. Nothing can be found in a really unconscious mind. The word "unconscious" has been far too laxly employed even by recent writers, in my opinion. Novelists may write of "unconscious humour," but psychologists should have such respect for the subconscious as to realise that a person may appear unconscious in the supraconscious realm while being eminently conscious at the moment in the subconscious realm, in respect of and concerning the same idea. It is the consciousness of the subconscious that primarily matters in any person. Only complete inertia of subconsciousness should be accounted unconsciousness. Jung and many English psychologists and neurologists write of the conscious as only belonging to the plane that is above the subconscious. The truth is that the chief conscious—the superconscious—is in the subconscious. It is there potentially, and it may be active under certain circumstances, whether

sùpraconsciously obvious and capable of communicating with another or no.

NEUROINDUCTION AS AFFECTING THE PHYSICAL SYSTEM

It has never been clearly explained by any psychologist or physician employing treatment by suggestion—whether this be simple, advanced, or the old so-called hypnotic suggestion—what happens physically as a result of suggestion. Entirely erroneous descriptions of phenomena have frequently been given—descriptions of patients falling "asleep" or not, as the case might be, or of their appearing to be in this particular stage of suggestibility or that degree of hypnosis, but nothing more. Hypnoidal and other terms have also been employed in the effort to describe stages and degrees; but nothing simple and sufficiently accurate has as yet been taught. In this chapter I hope to add still further to any light I may have been able to throw on the subject in previous chapters.

We have touched upon rest in very simple terms in the foregoing pages; we have also seen that there is an approachable subconsciousness which may naturally and automatically find itself sometimes on going to bed, just before going to sleep, or oftener still on just waking in the morning; and we have recognised that this happens to be conditioned by perfect physical relaxation. Therefore the nature of our quest must be as follows: How can we secure this same state when

we require it for purposes of treatment? How can we produce it when we want it?

Let me inform the initiate at once that it is quite insufficient for him to ask his patient to become relaxed—to relax himself; practically all the experienced physicians employing suggestion are guilty of employing this inefficient technique. It is too absurd to expect auto-relaxation in such as have not been able to find mental or physical ease perhaps for months or years; we might as well tell patients that they should just treat themselves as ask them to "be easy and to think of nothing," when the mind is unsteady and the body trembling, or, if not unsteady and trembling, then at least to some degree tense, on account of troubles of one kind or other. Under such conditions how can they relax? A photographer does not offer his room and tell the customer to snap the shutter of the camera himself. It is therefore our duty to *teach* relaxation. We must teach what it is, and not only implant the knowledge of this in the patient's mind, but fix it in his *sensations*. This is one of the most important lessons of this book. It may be difficult to do so at times, but it must be done if the technique is to be effective—if the best results are to be obtained definitely and rapidly.

When this point is properly understood we are then in a promising position to consider the treatment of mental disorder, of deranged functioning in the internal organs, and even of organic conditions. In this lies the great secret of efficacy when we are aiming

at advanced results. In treating the heart, or certain local blood vessels, it is not sufficient that the patient shall be lying down, resting, so that certain words spoken may be heard readily; this might or might not do a certain amount of good. He must be wholly relaxed.

In the past many physicians have found that cases of a certain class have done well, while others of the same class have done unaccountably badly. The explanation of this I have usually found to lie in the faulty technique employed. And here again we are reminded of certain difficulties of treatment by suggestion; we are obliged to bear in mind that while most patients may truly be said to be alike in anatomy and pathology, in both brain and body, when suffering from disease or disorder, no two patients can be found who are even approximately alike in the sum of their mental energies or capacities.

Nor can the psychotherapist apply his treatment as easily as the physician can apply electricity or order chemical remedies. The former must necessarily employ a fine adjustment of thought to suit each individual case.

Exposure of a body to cold is less likely to produce difficult complications than exposure to mental shock; the latter may also confuse, or even destroy the power of the agency through which complications can be made manifest—the balance of thought necessary to explain them. Exposure to cold can be expressed in three words; a bullet may be seen clearly by X rays;

but a shock may not be declarable, having been repressed or suppressed for years; and if revealable it may require great efforts to correct it, not only on the part of the physician, but on the part of the patient. Many neurasthenics have remarked: "I wish I had a bad limb instead, so that I might have it cut off, and have done with the trouble quickly."

Another very important subject for study is emotional process—emotivity, as Dr. Mott terms it. This would need a whole book to itself, if justice were to be done to the subject. I have found that when a patient's perception, either of inducted sensation or of mental conclusion, is derived in emotional association, it is of much greater value than at other times, showing that *emotional process assists the general neurone process in a most effectual manner.* If a patient understands the subject of treatment by suggestion, as it is explained to him while it is being applied, he is all the more interested in it, and its effects are correspondingly greater. If a patient can see the force of taking exercise and of avoiding anger, he will put these recommendations into automatic practice much more readily than he would if he were merely ordered to carry them out. These propositions may seem so simple as to be hardly worth stating; nay, some physicians may say they have adopted these means. Such a demeanour is very common when anything is claimed as an advance. Very well then, all I can do is to impress and emphasise their importance, so that the principle may be still more extensively employed. I

shall attempt to justify myself, however, in one statement: I have found that most physicians are too direct in their methods of applying recommendations. *Indirect* means are far more widely educative; they produce the desired effect much more strongly and permanently. Incidentally, again, in this paragraph, I have given reasons why neuroinduction is superior to neuroconduction (hypnotic suggestion).

Sherington has remarked very truly that, "of points where physiology and psychology touch the place of one lies at emotion. . . . Built upon sense-feeling much as cognition is built on sense-perception, emotion may be regarded almost as a feeling. . . . That marked reactions of the nervous areas regulating the thoracic and abdominal organs (and the skin) contribute characteristically to the phenomena of emotion has been common knowledge from time immemorial." What better testimony could psychotherapists have than this, from the physiological side?

The importance of studying the effects of thought upon physiological systems may well be conceived when it is realised how worry or shock affects digestion. A hundred excellent examples might be given, but I am limited as to space. I must content myself with calling the reader's very serious attention to the large field which lies open to a serviceable technique which not only gives full cognisance of its capacity for correcting disorders of the sympathetic system—disorders that are largely responsible for abnormal involuntary processes of all kinds, by means of direct

and indirect (mental) effects—but which also directly assists the functioning of the powers of thought. Inasmuch as disorders of various kinds involve both the mental and the physical systems, through the sympathetic, in order that a technique may deal with etiological "circling" it must be such as deals with negative disorder by the adjustment of positive order. Indigestion causes worry; worry causes more indigestion. We must therefore diminish worry by thought induction and strengthen the local sympathetic processes by sensation induction. It is quite true that thought induction may do everything in certain cases, as it is that medicine or electricity will cure some cases of dyspepsia; but difficult cases will require more, as we have seen, and the more difficult the more indirectly may it be found advisable to adopt a procedure.

In order further to emphasise the importance of suggestion directed towards the physical sensations, I need only refer to two interesting facts that have come to light in extensive practice in difficult cases. A patient who can neither speak nor see (having the eyes shut) may be treated quite successfully by neuro-induction so long as manipulations designed to convey impressions are understood; the supraconscious mind is at the time both on the alert and unusually capable of interpreting meanings—often extraordinarily so. The reader will again be reminded that when a patient appears to understand nothing when spoken to, he must not on this account be deemed to be demented,

insane, comatose, or intoxicated. He may understand everything in the subconscious mind, while seeming stupid in his supraconscious behaviour. My collection of remarks made by former doctors—opinions given by them during their treatments, as narrated to me by supposed "lunatics," after their cure by neuro-induction, who had been repeatedly pronounced incurable—would make a whole book of eloquent proof of the shortcomings of physicians; and the same applies to matrons and nurses.

Some of the very best results may follow mere auto-inference in the course of very simple induction. I have known many cases in which a serious disorder has cleared up soon after commencing treatment, the disorder never having been mentioned, and the patient having proceeded so rapidly to form clear judgments and accurate deductions that nothing more by way of help was wanted—the full and true facts having been represented by the patients, sometimes months, and in more than one case years, after treatment. In these cases treatment has made it unnecessary to mention symptoms which disappeared at the outset of the treatment; later on a natural joy and interest in the permanent relief obtained has elicited the full and actual facts, in sheer enthusiasm and recognition of the advantages derived. For example, the early suggestion that "for a person to be in full command of self is a grand attribute" cured a man in one treatment of taking drugs. He applied this emotional lesson forthwith to

his particular failing, which he had been ashamed to declare when complaining merely of insomnia.

It follows that manipulations should never be meaningless, for the patient may perhaps realise them to be so, and respond to no further suggestion. Hence it will once again be seen why treatment by suggestion must in many cases be a difficult matter.

MEMORY

This depends upon the power to generate facile automatic association between neurones through their connections. In cases of entire loss of memory due to shock or nerve strain there has been complete interruption of association, as often as not induced by excessive communication having gone on in other directions. Occasionally shock may auto-suggest an amnesia, as being the best expedient under awkward circumstances, which amnesia may thus be false at the start, but may become true later on. It may even be first hetero-suggested, someone remarking that the patient's memory seems deficient. This may lead to the auto-suggestion that amnesia might be the best thing to simulate in the meantime; later on the auto-suggestion may become first obsessional and then delusional, reaching finally a complete incapacity, the patient not being able to remember when—other things being equal—he really wants to do so.

No class of case is easier to treat than these, par-

ticularly when the disability is of comparatively recent origin — say of less than twelve months' standing. Sometimes the slightest suggestion will correct complete amnesia into perfectly full and free association, whatever the cause of the disorder may have been, so long as there is no toxæmia, injury, or gross disease of the brain. Complete loss of memory of merely a few days' standing may require only a single treatment.

Slowness or "poorness" of memory is equally easy to treat if due to mental strain; this trouble is like all disorders open to treatment by suggestion, in that the longer it has existed the greater the length of time will be required by suggestion to bring to the normal. Again, a good deal depends upon the nature of the causation.

"Poor" memory of five years' standing may possibly be trained to normal in a week; or it may take many months if due to psychasthenia—itself due to worry difficult to get rid of. If due to strain in developing a hopeless business it may require treatment so indirect as to include improvement of half a dozen faults of habit or temperament, which have led to failure in the business before any loss of memory had resulted. It will also be appreciated by the reader how necessary it is, when informed of what appears to the patient or others to be the only abnormality that requires curing, to analyse and search for others.

While offering my congratulations to Dr. Mott and

others who have obtained favourable results through suggestion under anæsthesia, I am bound also to give my opinion that treatment under anæsthesia must have limitations which would not obtain in the case of neuroinduction, for reasons which will be obvious. One could not so broadly or extensively re-educate in cases of nervous, mental, or physical disorder while the patient was in a state of real, even if partial, unconsciousness.

In this chapter I have endeavoured to propound a sufficiently practicable psychology which will enable a psychotherapist to do his work to advantage. He may get lost amid the six theories of the subconscious that have been propounded by other authorities: in this chapter he will be safe.

As showing the ridiculous chaos which the study of the subconscious has formerly reached, I need only quote a "fifth theory" as given by Isador Coriat (though not his own) in his book on "Abnormal Psychology": "The physiological idea of the subconscious, the theory known as unconscious brain thinking," he writes. Until such contradictory nonsense is swept out of the way progress in psychotherapy is likely to be slow. Psychologists have no right to allow themselves more than one kind of unconsciousness, in their vocabulary, that of thought inhibition due to brain injury, toxins, or natural, perfectly undisturbed sleep.

CHAPTER XX

THOUGHT ANALYSIS

FORTUNATELY for my readers and myself, this chapter will be very short. First let us consider psycho-analysis as it is regarded up to this day of writing, and for the purpose let us turn to Murphy's "Practitioners' Encyclopædia of Medicine." Here we find Dr. Bedford Pierce writing with an amount of care and insight which is characteristic of that sincere writer and genuine authority on mental disorders:

"The object of psycho-analysis is to investigate the trains of thought which, directly or indirectly, have produced a given morbid psychical disturbance. Everyone is reminded at times of experiences that are distasteful, and even repulsive, the memory of which we endeavour to ignore; and the mental conflict which this repression involves varies in intensity according to the nature of the experience in question and the temperament and education of the individual. Such memories and emotions are called 'complexes,' and when they are forgotten and cannot be called into consciousness they are called 'buried complexes.' They usually relate to some fundamental instinct or desire, and when circumstances prevent these desires from being gratified some compromise must be reached. Under normal conditions such repressed desires are directed into healthy channels; they are 'sublimated,'

and the energies find outlet in some form of active work, but in some cases no such outlet is found, and the buried complex becomes a centre of internal stress till a 'substitution' takes place and hysterical symptoms appear. The patient is probably altogether unaware of what has happened, and sometimes the original desire cannot be remembered, so successful has been the repression. The end-product may appear to have no relation to the complex, and is so frequently confused and distorted that the task of tracing out its origin may be extremely difficult. In this way arise the many symptoms of hysteria and psychasthenia, palsies, phobias, obsessions, tic, morbid doubting; all of which are regarded by the psycho-analyst as symbolical representations of wish-fulfilments. They produce a certain amount of unconscious gratification, and in a perverted and incomplete manner they relieve the underlying mental conflict."

He then goes on to explain the "free association" and "word association" methods of Jung.

Experience has taught me that of all methods likely to confuse the issue, likely always to make as much trouble as ever could be cleared away in many instances —in some even far more trouble than already existed— these are the foremost: perhaps we might imagine worse intentions, such as filling a patient with more difficulty than he already suffered from, in the hope that a surfeit and nausea might be produced, which would either "kill or cure," according to chance, as a large dose of poison may occasionally cure by causing vomiting.

Enough of destructive criticism, of bad methods which the future will break to atoms, as having been

so monstrously conceived as to remind one of the country whose watchword is "world dominion or downfall." Certain British scientists once upon a time developed the habit of taking all things emanating from Germany as "the last word"—as we now know only too painfully. The real truth has been that British scientists were all along capable of doing better; they have proved over and over again, during the Great War, that they can be more capable than German scientists. The whole British people have been hoodwinked by a plausible and industrious ambition, that has persuaded them to accept too high an estimate of German scientific progress; they admit this now, so little more need be said in the matter.

I shall propose to abandon the term "psychoanalysis," as one that can only bring unhappy recollections. May I suggest something plain and simple in its place—namely, "thought analysis"?

We want to know what is in the minds of patients troubled with "difficult thoughts." It is not absolutely necessary for us to know entirely what is in the subconscious mind. Still less necessary is it for anyone to attempt to grope in the *unconscious*, about which so many have floundered, even in the very definition of it. All we need is an analysis of the conscious. We may speak of the subconscious if it may seem convenient, but henceforth we are bound to consider that this is rather the superconscious.

The best way of proceeding to do this is perhaps already to some extent suggested in the foregoing

pages. If we get down to the best consciousness that potentially exists the rest will be easy, if our induction be wise and sufficiently experienced: *neuroinduction from this position onwards will then enable all patients to analyse themselves.*

Let me take the case of a doctor's son, thirty years of age, who had suffered from oversensitiveness of the nervous system since childhood, and for fifteen years from phobias which made life a burden, preventing his engaging in any employment beyond the very simplest. He was sent to me by a consulting physician as the last resource, everything else having failed. After four treatments by neuroinduction he gave (without any leading questions being asked) the story of his having been lost in his native town, when about six years of age, and of his having been taken to the police, and kept at their station, until inquiries could be made. At the age of eight, also, he had been a witness to the injury of a woman. In relating this incident he could recollect the horrible face she had then made; from that day he subconsciously felt afraid lest anything of the kind should ever happen to him. When asked why he did not give these particulars to anyone else, or even to me when I first took his case, he replied that he had "never thought of them until now." Half an hour after relating the second incident he had an attack of dizziness and sickness. The next day his improvement was so great that I found it advisable to treat him specially for overexcitement, which could only be interpreted as

an exhibition of joy begotten of a sense of release and relief.

If some of the employers of psycho-analysis had obtained similar accounts and results from a patient, after labouring perhaps for six months on the lines of "word-association," they would probably have recorded this in a medical journal as something wonderful. Indeed, one may read in some of the special journals of recent years of cases at home and abroad in which one year and even two have been occupied in obtaining results by psycho-analysis which can nowadays be obtained sometimes in as many weeks, or even hours, by neuroinduction.

To give examples of one or two more severe and complicated cases, I will pick out the following from a very large number:

A bedridden case of nervous breakdown was sent to me by an eminent neurologist. She had been sent from abroad to this country, as requiring higher advice, having already had the advantage of all that could be obtained in the country to which she belonged. She had been ill for fifteen years, having suffered from so many gastro-intestinal derangements, heart troubles, and nerve stresses that I cannot bother to recite them. By both surgeons and physicians she had been earnestly advised. I cannot enumerate the various treatments she had undergone before an up-to-date neurologist saw chances in psychotherapy, and sent her to me for analysis. I have taken this case as example because the patient seemed to the ordinary

observer to have no mind for contemplation; it was difficult for her to follow ordinary conversation. She could not supraconsciously think; she had neither the power nor the spirit. I must express my opinion that such a case would not be tackled with any honest expectation of favourable results ensuing by any leading expert in Freud's or Jung's methods, for I have received similar cases which have been abandoned, patients who have not been in half so hopeless a condition, either mentally or physically, as the one under consideration. In five weeks this is what I obtained, cheerfully, happily, and easily delivered, without asking for it:

"I remember an incident occurring in my childhood which may be interesting. I thought I had better tell you. I was living in India, and we were told by mother never to go down the garden. She went out, and I disobeyed. While wandering along a path I was seized by an Indian gardener, and he handled me improperly. I could not tell mother, and I felt the shock for weeks afterwards."

Again an example. I inducted to the normal a girl of twenty-five years of age who had suffered from phobias and other mental derangements described by her family medical attendant as bringing her within the "borderline" category. I merely straightened out her thoughts, effected better associations, helped the memory, smartened up wholesome volition, and she soon returned to her work as a college tutor. Twelve months afterwards I wished to survey her

mentality in order to see how she was shaping, and in a simple conversation she remarked:

"I cannot tell you how thankful I am that you got me right. I often wondered whether I should tell you, but as I felt myself getting the idea under perfect command under your methods, I did not think it at all necessary to go into details of things long past; but I entirely got rid of a sexual idea that was at one time driving me mad, caused by a male tutor, who was not at all at fault, but circumstances seemed to make the thing a great shock to me. As soon as I was able to recall the whole incident quite clearly I felt myself getting stronger."

Why did I not straightway analyse in this case? The reply is that it did not seem indicated; the patient was so responsive to indirect suggestion, and did so well, that there was no occasion to trouble. This case, with many others like it, serves to show that indirect suggestion will, if of the right sort, enable the patient to conduct a private analysis and to apply her own arguments.

The more one abides by simple accurate principles the easier does the whole thing become, which brings an aphorism to the mind: if there is work to be done, more than you can do yourself, teach others how to help themselves, in their own and everybody's interests; in any case avoid making more work, for yourself and others. Should the reader be disinclined to take me at my word and demand further proof, I will give the case of a daughter who declared that she had a certain

story which could not and would not be told to a living soul beyond her father confessor, who had told her that God forbade her going beyond him. She informed me that she would go on contented with her fate if need be, but if I could help her nervous system otherwise she would be grateful. I merely treated the "awful thing" as an unknown quantity, more or less indirectly, and she got just as well as any more elaborate analysis could have made her; indeed, if an analysis had been insisted upon and had been ever so covertly attempted, it might have caused complications of a nature difficult to conjecture, which would have aggravated her general condition. A frank consent to leave the particular subject alone really cleared the way peacefully for other quests and other alleviations.

Analysis should be preceded by neuroinduction sufficient to steady and *clear the thinking apparatus*; the patient should not only be asked by the physician to follow a quiet train of thought, easily and accurately, but any sign to the contrary should be at once dealt with. The slightest contradiction, either within the patient's self or as towards the physician, should be pointed out, simple examples being given, until ease and clearness of mental power is induced—which, of course, the patient always enjoys.

In future—as it is, in my hands, to-day—analysis *should always be made first by the patients.* This recommendation will startle psychotherapists of the old school. Patients should be instructed never to

force their thought, never to *try* to think, never to "*make*" themselves do anything. No memory is improved by being "made." Many readers may think to the contrary, but further study and experience will show them that memory is an *automatic* affair of neurones, that when the state of the mechanism is satisfactory memory asserts itself—it just *comes*.

As to suppressed ideas, possible reasons for keeping them back or hiding them may be judged from the patient's replies or observations in conversation; deliberately designed conversations for this purpose, if seen through by the patient, are not so good as very easy chatter. When a simple reply from the patient appears important to the physician he may follow this up, if the occasion seems to make it advisable; he may thus help the patient to understand himself.

No patient's case requires analysing by the physician, as I am able to prove after many years' investigation and experience. If the patient cannot do the work himself, he must be treated and helped until he can. He should never be told to do so. A better remark would be: "There is something to account for that. One of these days it will occur to you. No hurry; it will come. We might want it; it may be very useful to us." After this no more, until it does come, and perhaps one or two other facts with it, equally, if not more, important.

Is this method of conducting an analysis ever difficult? Yes. I have found it extremely difficult to elicit causation when military service has been avoided,

or when an offence is of such a nature as to be revealed most unwillingly, because criminal. There will be no difficulty, provided the patient is willing, but patients may sometimes realise whither they are going, and will avoid further revelations by ceasing to attend for treatment. Occasionally patients are sent for treatment against their wish, by doctors or parents; these may be difficult, but by no means impossible to treat. I could give many cases to illustrate all the principles stated in these pages, but I have given sufficient examples; such as these have been valuable enough to me; they have taught me principles, and they go on teaching me. These principles I now hand on. In years gone by I have become weary of reading of cases of extraordinary results in the treatment of this or that disorder, without any real explanation as to the *why* and *how*. Here I present principles, and I ask readers to go forth and practise them; they will then find examples enough at every turn to substantiate the teaching I humbly offer. If cases should in future be wanted for further proof—if ever I should be challenged—I can offer any number of them.

A useful hint as to analysis is this: The sexual factor should never be deliberately sought for; it is not one-tenth so important as Freud and his friends have believed. Indeed, I have found it the very factor to avoid if possible. A highly educated man informed me that his difficulties had been multiplied fourfold through a "word-association" physician trying to discover something sexual about him, as being "the

root of the whole thing." My difficulty in this case consisted in eliciting and eliminating the obsessions and delusions which psycho-analysis had been the means of creating. If the sexual factor is suspected, my recommendation is that every other factor should be attended to first. That the sexual factor is very often important, I freely admit—sometimes it is the most important of all—but on this account all the more caution should be exercised regarding it.

The reader may be surprised that I have so few hints to give on analysis. My reply is of much the same nature as the advice given that patients should be inducted to analyse themselves; it is to the effect that medical men can easily discover for themselves how they may proceed by simply practising what I have above recommended, and by abandoning every method likely to create difficulties instead of reducing them. Only a certain degree of instruction is possible on paper; no artist or golf-player could teach others to become skilful by means of a book. Pupils can only be *helped* to become skilful by such limited means; their skill will finally emerge from their own capacities. If Braid writes "Do not urge too much at golf," I advise "Do not adopt 'word association' in diagnosing or treating mental disorder." It is for players and practitioners to apply any useful hints they may receive if they wish to become more proficient. One might, to some extent, demonstrate what should be done, and give examples as to what should be said; but even then pupils would require to find out much

for themselves. I myself was never at any time told or shown anything by way of treatment by psychotherapy; indeed, most of what I could read on the subject I found misleading.

May I finally recommend physicians neither to be too ready to probe, nor to "cut down and see," nor to "work away until something turns up." One should always bear in mind that the patient is usually quite the best material if properly handled. Only when you cannot yet help your patient will you perhaps be justified in certain cases in making an a deep "exploratory" search into mental corners. Even then your patient will be the one to clear everything up for you. There may be nothing to be discovered by the patient. Many most difficult cases have had no particular traumata in their history, toxæmia states having alone produced strains and stresses of thought.

CHAPTER XXI

SOME GOLDEN RULES FOR THE PRACTICE OF PSYCHOTHERAPY

(*a*) *Never compel, force, or "make" a patient do anything.* Psychotherapy is only possible when there is some intelligence left; it is this remainder that the physician must make use of. The amented and demented will sometimes require to be helped by the control of others, like non-conscious animals. It may, of course, be difficult to decide when dementia is sufficient to demand the exercise of force; the extent to which reason fails must naturally be left to the experienced understanding of the physician.

I have pointed out to many clergy, teachers, leaders of movements, politicians, and others, how much greater is the power of appealing to the thought by reason than by any threatening or urging to action. It is a commonplace that you had better make people sober by reason rather than by act of Parliament. It is true that fear and sentiment, through emotion, may work wonders; but these will derive their power largely through volition on the part of the recipient of the suggestion—which volition is begotten of intelligence. Any exercise of compulsion against a patient's volition

should be considered as possibly an offence against intelligence. To ignore the existence of any intelligence when a certain amount really assists is bad policy in psychotherapy. Multitudes of people may be won by reason who would instantly become obstinate and mutinous if kept in ignorance. It follows that if people seem unreasonable in their obstinacy they may not have been properly informed—provided the subject-matter be capable of reasonable explanation.

(*b*) *Instruct patients never to force themselves to do anything.* They should be mentally inducted to see the wisdom of allowing themselves to think and act reasonably. On entering upon new ways of employing the power of thought, patients under treatment may come to you, with pride, with an instance of their developing powers, in such a remark as: "I *made* myself go for a walk, as you told me." The physician's reply had better be: "I did not tell you to *make* anything, excepting such articles as you may like to fashion with your hands. Next time take my advice, just *let* yourself act, nicely and easily." Another will remark: "I try to think." "Then do not try" is the best answer, which to the patient will usually be surprising. "All you need to do is just quietly and easily to *let* yourself think; it is so much easier."

(*c*) *If a reasonable suggestion be not at once responded to, it indicates that you are going too fast, other things being equal.* You may not make good progress if you try to get your patient to read a classic before you have taught him enough grammar. If a

patient appears dull you must not conclude at once that he is incapable of learning. All normal minds are not by any means equally rapid in acquiring knowledge; much more, therefore, shall we be likely to find variation in the abnormal. This is seen in both physical and mental results.

(*d*) *Always bear in mind that you are dealing with a patient who, in his disorder, may not be capable, for the time, of being wholly single-minded.* It is your business to help him to be so. He may tell you that he cannot play golf, but after treatment he may astonish you by going forth and playing. This means that his supraconscious idea has been out of harmony with his subconscious inclination, and that now he is actuated more by the latter, which has been inducted. If, again, he tells you that playing golf caused him pain, this may not be in accordance with his experience in the subconsciousness, which may be capable of admitting that he had no pain. A patient comes to be single-minded—and therefore ceases to be a patient—when his supraconsciousness at length admits that he can play golf and that it does not really cause him pain.

(*e*) *Never allow yourself to be angry with a patient under any circumstances whatsoever.* You may be very strong, and as firm in argument, as unbending in urging your claim, or in insisting upon obedience, as ever you please; but never more than this.

In order to demonstrate the sincerity and integrity of this rule, I have even extended it in giving advice

to those who feel obliged to exercise force in cases of dementia or mania: *attendants should never allow themselves to get angry.* If they will cultivate this plan they will not only save themselves much unnecessary strain, mentally and physically, but they will exercise a stronger control over the patient. Up to the very day of the publication of this book I know of certain high-class attendants, employed even by leading mental experts of this country, who practically fight their patients every time they find it necessary to control them, using aggravating violence, accompanied by threatening expressions and even by swearing. When the word of a patient is disbelieved it is of little use for him to report any conduct or language shown by the attendants, which has been displayed, it may be, behind closed doors. The disposition to get angry is very naturally aroused in those who know no better. It has not been for me to correct many instances which have been described to me; I could not interfere without being guilty of a breach of etiquette; but there they have existed, and some still exist. Patients should be taught to regard rather than be afraid. "Serves them right," says an attendant who knows no better, and has never been taught better.

When a patient sees that firmness and strength are applied with consideration this does not rouse his opposition nearly so much as a display of heated animus, which will arouse retaliation for a long time. The former will give the patient to understand that opposition will be of no use; the latter will provoke

him and increase his determination to fight "the devils" more than ever.

(*f*) *Never allow a patient to be angry.* It should be patiently and repeatedly explained that nothing is required or necessary but clear, simple, accurate thinking, however vexatious anything may seem.

(*g*) *Never deceive a patient who has sufficient sense to accept straightforward reasoning.* If there does not seem to be sufficient reasoning power some amount of tactful dissimulation may be necessary. If, for instance, a patient does not sleep at night, and refuses to take any sedative, being obsessed, you may find it advisable to give some sort of sedative in food which will conceal it.

(*h*) *Teach the difference between a white and a black falsehood;* for otherwise you may be asked by a patient why, if she can give this excuse, she is rebuked for offering that.

(*i*) *Always carry in mind the very great value of the emotional* in induction by words spoken, being careful, however, not to create too severe misgivings.

(*j*) *Always judge a patient by what he does rather than by what he says.* When a certain amount of dissociation exists, the representations of the supra-conscious mind cannot be depended upon. A patient may declare that he cannot walk, but may afterwards be heard to walk to and from the window, having had the impulse to shut the latter; thus he may induct himself to falsehood, and declare he did not do so, when challenged. Again, he may not know in

the supraconscious mind that he did shut the window.

(*k*) *Detecting falsehood is a powerful means of effecting association.* By this means the patient is persuaded to reconcile the contradictory tendency which exists between the subconsciousness and the supraconsciousness, and to bring the two into harmony by emotional bonds and linkings. It is very interesting at times to observe how a patient can hardly believe that he has just told a lie when immediately after it has been told, a better association is effected; but it must be remembered that his astonishment may be either real or assumed.

(*l*) *Never let a patient study other patients excepting under your purposive direction.* A good deal may be learned from other patients, for good or ill, according to circumstances which only the physician is able to take into proper account.

(*m*) *Take pains to employ the simplest teachings possible.* Some of my best patients have been clever university professors, and in dealing with such I have found that the patent simplicity of everything I have uttered has had far more effect than similar words have had in the case of the more simple-minded. Simplicity has the greater effect the higher the intellectual capacity. This will surprise some of my uninitiated readers, but will be understood without my mentioning it by any experienced teacher.

(*n*) *Never allow any remark of yours to be misunderstood.* Instruct patients to ask the meaning of any-

thing which does not seem clear. On no account should there be any mystery in connection with anything done or referred to. Anything mysterious should be deemed an insult where any intelligence exists. A scientific physician should be able to find methods which are neither derogatory to himself nor offensive to any of his patients.

(*o*) *Always take a patient's word without questioning, unless you have good reason to doubt; then give this reason.* By this means patients are helped to believe in themselves. Even after detecting a lie, go on assuming the truth (after exposing the lie) until you find another. Thus you induct for the truth. Analysis (simple) is proceeding all the time, and will bring out contradictions and misrepresentations.

(*p*) *Never make a manipulation or a movement, nor direct it or allow it, as affecting the patient, without offering an explanation.* There should be no palpations whatever which are not understood—not even the simplest touching.

(*q*) *Choose the more restful times of the day for treatment in difficult cases.* After lunch or tea is a good time. But when a disorder requires a course of re-education, the patient being physically fit and steady all the time, any hour of the day that is convenient will be suitable for the lessons.

(*r*) *Welcome difficulty and enjoy dealing with it.* Any appearance of disappointment or defeat will be looked for by difficult patients, and seized upon, if possible, for a perfect revelling in of "negatives." Show

your power in helping the patient to exhibit his own power. He will learn to imitate, and to be less afraid of anything. In this way a physician will develop his own power as he goes on. If he shows disappointment he will produce it in his patient; he will soon want a holiday himself. Even if an incident is unavoidably disappointing, it may well be treated in a spirit of armour-plate defiance, for this will develop emulation.

(*s*) *Direct your best mind towards making your patient well.* Once you have undertaken a case because you have reason to think you will succeed, put every other consideration aside save the determination to win to the normal. There are men who do not believe in curing lunatics, who imagine that they need only be kept from doing harm, and argue that they are *never* worth curing. Such might be the opinions of ultra-eugenists, but the idea cannot be entertained by the present writer, and the majority agree. The spirit which obtains the best results will also profit better than any other in the end; it reaches people who are cheerfully willing to pay fees.

(*t*) *When you benefit another you benefit self.* This is one of the best aphorisms to teach any patient who through illness has become selfish, self-centred, and self-fearful. The truth of it is as irrefutable as one might expect a fundamental philosophical truism to be, when it is begotten of the great purpose of the creator of all things.

But the desire to benefit must be honest. It must not be a makebelieve, or it may be hurtful in its recoil,

like the boomerang flung by careless hands. The intention of an act must be straight; it must not be performed in order to obtain cheap plaudits in respect of its apparent virtue. An overbalance of self-sacrifice should, of course, be guarded against, as possibly or actually unwise, and as likely to defeat its own purpose. Psychotherapy is therefore likely to be very wholesome work if properly understood and practised.

(*u*) *See your patient alone as a rule.* A person's ill-health should primarily be his own concern; he ought to feel that when he is of value to himself it is time for him to be of value to others, and he should look forward to being so. A patient should therefore not want a third party present, unless at first he or she should be afraid; if so, the fear should straightway be treated, until it ceases to exist. A physician to be of any account should require no one else to be present, having found that a new patient is neither a dangerous lunatic nor one of criminal potentiality. A psychotherapist's thinking and speaking powers ought to be his best weapons of defence, provided the patient can so far understand him; he will never be very successful if he does not act in an openly honest manner with his patient.

Third parties often confuse the patient, who may be deeply considering his own private thoughts as well as the physician's. This does not seem to agree with the fact that in certain foreign clinics the assembling of many patients in the same room for treatment is favoured for various reasons. It is true that good

results are to be obtained in the *ensemble*, especially when patients are impressed with the thought that others are being similarly benefited. Individual treatment, however, is bound to produce the greatest percentage of successes, as is the case with instruction of any kind. Treating patients before others in a hospital ward will not give good results, for any staring curiosity is bound to be most disconcerting.

On the contrary, if your patient is unreasonably disputatious or awkwardly untruthful, the presence of a third party may act like a charm.

(*v*) *If you do not succeed, try to find out why, and adopt other lines of induction.* Never at once conclude that the patient is a bad subject; it may be more correct to decide that your method is not a suitable one for the particular personality or state you are dealing with.

(*w*) *Remember that effectual induction will depend upon certain sequences in acts and arguments designed to fit each case.* If you miss the links in a chain of reasoning you may be obliged to begin again. If you too hastily contradict, this may break the course of the treatment and give you trouble.

(*x*) *Direct suggestion may be good at times, but indirect suggestion must always be far more effectual.* Clearing a garden of weeds will always be better than spudding odd thistles. If a patient is afraid of a thing, and is told that he need not be, he may so far accept the idea and be cured. But the fact that he is afraid when he ought not to be is conclusive evidence that his

nervous system is abnormally sensitive, for a normal person would not be thus afraid. Therefore his nervous system requires treatment, and then the particular fear may vanish without any direct reference to it whatever. "You will now be less afraid of anything" will be of greater value than, "You will not be afraid of that particular thing." Direct reference, of course, may often be usefully included.

A study of relapses under defective technique in cases treated by inexperienced physicians has conclusively indicated that the direct method employed has accounted for them. A single "negative arc" is practically non-existent. It would be as difficult to find a thistle by itself in a field; there are sure to be other weeds somewhere. If you take away only one negative, you will have remaining negatives (however small) which make for more, and in course of time these will bring back the principal one which was originally complained of. The whole field should therefore be cleared, and the particular weed with it.

(*y*) *Always bear in mind that arguments with the supraconscious mind are worth nothing as compared with the force of arguments with the subconscious mind.* The best plan to adopt is to gather together the patient's ideas in simple conversation, making rough notes of them as he speaks; then you should answer them when you have reached the subconscious mind. It is utter waste of time to attempt to treat difficult cases by any form of supraconscious conversation. It follows that this degree of proportional value will

obtain even in quite simple disorders. The conception of what is right will first be entertained by the subconscious mind, which will ultimately correct the supraconscious mind.

The method advocated by some mental specialists which they term "employing psychotherapeutic conversations," may sound important, but it is comparatively useless, and may even be worse than useless. Most experts have found out how vain it is to attempt to conduct ordinary arguments with neurasthenics and phobiacs, however cunningly and carefully the debating points may be selected and applied. Nay, more, argument on the supraconscious plane usually serves to provoke the patient to search for more points to the contrary. If a patient could be successfully dealt with by ordinary conversation, then there would be hardly anything the matter with him.

I should like to warn those neurologists who will persist in delivering the emphatic diagnosis: "Nothing the matter with her really—only she will not believe it": there is usually so much the matter in these cases that it is not properly understood. Such cases may be aggravating when "they will not believe." The truth is that they require a treatment which to-day is very special, but which before very long will be comparatively ordinary, namely, efficient suggestion.

(z) *Avoid asking patients how they are. Find out how they are*, by observing, or by asking others what they have observed. This rule follows naturally from the

truism that replies cannot be depended upon in an inco-ordinated mentality; merely to elicit a misrepresentation or an incorrect conception will not help disorder. The very neglect to ask about symptoms teaches the patient also to cease referring to them. Of course, here and there a question may be necessary, if information cannot be obtained in any more satisfactory way.

CHAPTER XXII

ON FAILURES

DOES one have failures? I have failed when there has not been enough mind in the patient to work upon. And here I should like to recommend beginners in psychotherapy to consider patients not so much with regard to their insanity, but rather in the regard to their sanity. What sense is there left in the patient? This should be the query in taking a case. Relatives and even doctors will call one aside, and refer to such and such symptoms as "surely insane." I am obliged to refuse to converse in this mood. I prefer to say: "Please tell me what is sensible about the patient." I practise and advocate a development from what is sane into what is saner, until there is no room for anything but sanity. "It is the mind, I suppose, doctor?" says a mother. "What do you mean by the mind?" I ask. "Well, she is insane, is she not? Her aunt, you know, was so." I decline to accept the idea either from the aunt's case or the patient's indications of eccentricity. "I cannot think; I know I am going off my head," says a patient. My reply is that the patient is obviously able to think, or she would not be able to speak in so sensible a manner. Is there any

wonder that such a patient often feels better after the first interview? On the other hand, some cryptic response, such as "Very dreadful," accompanied by a silent, superior side-look of impatience, or "We will consider what we shall do," may bring about more confusion and distress than ever, enough to necessitate an increase of the "sleeping stuff" resorted to.

If one were to judge that the nature of earth were poor because of weeds growing instead of good corn, great mistakes might be made. I recollect a Scotsman of my acquaintance making a little fortune from his purchase of an estate which had crumbling buildings upon it, with grass-grown gardens all around. For years it had been mistaken for something in some way hopelessly blighted. "There is value in all this, if I pull down and build up," he ruminated. There was a fine position and good soil; that was enough for him. Incidentally he found some very valuable Italian marble mantelpieces among the débris.

I have had failures because physical defects had been overlooked by others. A patient suffering from mania was restless and even violent; she had run away from a medical home where she had been for some weeks. Her case was sent to me as "purely nervous." In deference to the well-known physician who sent the case to me, and counting upon the care with which her case had been dealt with at a well-known home, I concluded that all physical examinations had been made. I soon found that psychotherapy was not sufficient to improve her condition. She became so

violent that removal to further control was necessary. General measures, including high enemata, cured her very quickly. She was really not in a fit condition to be passed on to a psychotherapist at all.

In another instance, the friends of a man had heard of a former case of cure, and were very anxious for the man to come into my care. His local attendant consented, and the patient came. I placed confidence in the local attendant's judgment that the patient was a suitable case—one of nervous dyspepsia, as he had described it. When he arrived I found him not only more mentally deranged than had been represented, but in a physical condition that was hopeless. He had no mind to work upon, with a body that was so emaciated that it was not equal to keeping "a soul alive." I forgive the local attendant, for he had been previously informed that another patient sent to me had been cured as by a miracle; he probably thought there was no limit at all as to the possibilities of the treatment.

A case of concealment of real condition is not without interest. A lady had been ill for years. I had treated her for nervous dyspepsia for a few weeks some four years previously. She now sent for me complaining of insomnia and of feeling very ill. She had had so many doctors years ago that she would not send for any but the one who had cured her dyspepsia, as she explained. I told her she ought to have a local doctor. She declined; I therefore treated her for insomnia, and recommended a certain dietary. No

improvement. She seemed to worry over my questions as to her general condition. I did not like her demeanour. She turned unaccountably irritable, and began to blame me for not curing her insomnia. I was not satisfied about her feeding, and, whether it might worry her or no, I determined to examine her stomach. I found advanced cancer of the left breast and growths in other places. She had known, before sending for me complaining of insomnia, that she was going to her doom suffering from a disease which she dare not think or speak about; she had hoped that I should only trouble about the insomnia and "the remaining old indigestion." She had concealed her real condition from her daughter and all her most intimate relatives.

A failure in the case of a medical man is instructive. He suffered from such advanced neurasthenia and melancholia that he became bedridden for many months, and at length refused further advice, after having been attended by many medical men. He aggravated everybody by taking things of his own prescribing, making all attendance on the part of even nurses impossible. Insane obstinacy were the only words which could adequately describe his condition. He simply disputed and resisted everything that could be devised to help him. When I declined to treat him any longer his relatives compelled his removal to a home. There his obstinacy went even further, and he refused all food. I wrestled most earnestly with the difficulties of his case for some

weeks, and had implanted a great deal that was beneficial in his subconscious mind; but he declined to be persuaded. Ultimately he was taken from the home and placed under complete control. He was then fed by force. This provided just the one thing necessary to make cure possible. He was wholly compelled, even physically. This put an end to his opposition; further subconscious training at my hands did the rest. Alienists perhaps might say that "suggestion" had nothing to do with his cure: it is for this reason that I give his case as a failure.

A case of morphia-taking was once sent to me, the patient being a man who had been subject to nerve-strain for many months. The explanatory information was given to me by a medical consultant that the patient had had an accident some time previously, and had suffered greatly from a wound cicatrix. Moreover, he had been greatly afraid of cancer, and I was asked if it were possible to get this idea out of his mind. When the patient arrived I was not at all pleased with his physical condition. I judged him to be in an advanced state of weakness. I examined the cicatrix and the abdomen, and formed the opinion that he was dying from cancer which had spread internally. I succeeded in relieving him very considerably to the end, however, especially as to his state of mind. But what did the consultant *really* send him to me for? Did everybody believe he had no cancer? Or was it the plain intention to land a difficult and desperate case upon somebody else?

The patient declared from the first that he felt greatly relieved at being away from home.

When I have asked the reader to bear in mind that many cases of alcoholism really belong to the category of mental unsoundness, the latter being the primary condition, the likelihood of many failures in the employment of any treatment whatsoever for this affliction will be easily understood. In some of my failures insanity of a hopeless type, and stigmata of degeneration, have been only too obvious.

A study of one or two examples will help.

A young man, an only child, had been more or less spoilt from infancy. He was good-natured but at times unreasonably irritable; he was very fond of cheerful company. At the age of twenty he used with others to visit drinking bars. He was too well off to do any serious work. His parents were naturally anxious, but they were very lenient towards him, being inclined to be gentle, and to excuse him readily after administering mild reproofs. I found him to be easy, smiling, and affable. He had sense of a kind, and in some directions he appeared even clever. But something was wanting. He was shallow in his replies to questions as to his amusements. He misrepresented facts, and he could not clearly follow arguments about his case. He invented excuses very readily, not hesitating to tell very clumsy falsehoods. He said he never got into a real temper, but only felt very annoyed inwardly about things at times. I found that he often had these sensations of inward annoyance before bouts

of drinking. He improved greatly for some weeks under treatment, but eventually became insane.

Another very similar case of failure may be referred to—that of a man in the twenties. He displayed great ability in certain directions; was very conceited, and often laboured under suppressed excitement. He was given to telling falsehoods very freely, almost stupidly. He improved greatly, but broke down occasionally. He also admitted having a temper which did not display itself, but which tended to "boil inwardly." Affable, good-natured, and energetic, he revealed indications of permanent mental instability.

I have found cases of incurable dipsomania in epileptic families frequently enough to be noteworthy.

A failure of another kind may be mentioned: the case of a man who was always under the disordered impression that he was hardly dealt with by everybody, by his wife, by business people, by doctors, and by most people with whom he came into contact. He had a badly shaped head, and gave me the impression that his future, if he lived long enough, would be one of further mental derangement. He had actually attempted suicide. He got quite well when taken away from everybody he knew, but broke down at once on returning home or on mixing again with old acquaintances. A business worry, either real or imagined, would send him wrong at once. No man was more readily cured for months on end, so long as the surroundings were not the usual ones of his previous

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life, and so long as he was under direction and undergoing nerve training.

My having declared that normal people—commonly judged and accepted so—will benefit from neuroinduction, it will be seen how very unlikely it is that no benefit whatever will be received by any of those who suffer from abnormalities. Hence the question must often arise, What is failure—when *degrees* of improvement can be distinguishable? The decision must rest usually with the patient and with relatives or friends, quite apart from the opinion of medical advisers.

When psychotherapy is employed it often happens that the patient will perceive—or rather will declare—"no improvement" as treatment proceeds, while the doctor and friends note obvious improvement. It follows that the patient's positive verdict would be the best to obtain; but if a negative one be given, the physician had better promptly interview relatives or friends in the presence of the patient.

It is characteristic of several kinds of nervous disorder that the patient is the last person in the world to admit improvement—notably in cases of neurasthenia, psychasthenia, obsessions, and phobias.

It should therefore be part of further treatment to fasten upon the patient the fact that others note improvement, and that the patient must and will finally admit it.

It is a mark of partial failure to cure—but only partial—when the patient does not admit improve-

ment while everybody else referred to does. The cause of this obtuseness or sheer obstinacy must be searched for. If it is fear of admitting, because the patient does not like the consequences of getting well and going home—returning to a detestable wife, for instance—then the position is an awkward one for all concerned. "It would be easier for me to escape to the Colonies than to marry again," said a victim of an unhappy alliance, who was being compelled to get well, and who seemed to be inclined to put off the evil day of his discharge from a happy nursing home in the country as long as he could.

So far as I can judge from conversations with psychotherapists who employ hypnotism, it is rarer for patients to derive such little benefit from neuro-induction that they are absolutely dissatisfied than it is after hypnotism. Patients are more apt to expect some miracle to be performed quickly in the latter.

Failures are particularly galling in instances where a physician has felt obliged to be optimistic—as he very often must be, quite reasonably. Indeed, for a physician to begin with doubtful shakes of his head is almost asking for failure in dealing with a patient who has, perhaps, been to half a dozen authorities before. Not that a physician need ever be accused of telling falsehoods on exhibiting a goodly amount of optimism: he will never declare he is perfectly certain without very good reasons. It must constantly be carried in mind that psychotherapy is very often successful when many other expedients have

hopelessly failed; also that much ignorance prevails in the medical profession regarding psychotherapy, which renders shaking of the head of hopelessness the more likely before the psychotherapist has come in.

This brings the question of guarantee into the field of consideration, which is easily answered by reference to surgery: wise physicians and surgeons will not actually guarantee anything. They may express guarded opinions of full belief or proceed to expressions which are an approach to certainty, but when one bears in mind that death has often followed pinpricks, and that the highest surgeons and physicians—and for that matter parsons—have made mistakes over a humanity that is proverbially both physiologically and psychologically variable, then it will be realised by doctors, patients, and friends that actual guarantees are impossible.

CHAPTER XXIII

NEUROINDUCTION—ESSENTIAL PSYCHOLOGY

THERE can never be a wholly satisfactory psychotherapeutic method—highly efficacious as an instrument for levering disorder into order—unless it be founded upon a sufficiently sound psychology. The fact that psychology has been only too painfully defective and uncertain in the past is well known to all its students, who have freely admitted as much in their struggles to amend it. There has been, up to the present, much disagreement over the subconscious and the unconscious on the part of a dozen or more very capable and earnest writers, who have hardly done more than perpetuate their misgivings in some very ponderous and speciously powerful arguments, prolix enough in all conscience. Such have, indeed, offered subconscious invitations to successors to produce something plain and modest; something "to go comfortably into an ordinary breast-pocket"; something cancelled down to a few easily digested, pure "tabloid" formulæ.

It was the stodgy abundance of the menu and its amazing variety that struck me when, ten years ago,

I resolved to make the attempt to discover what the authors of so many books were aiming at. I then found that heavy works on psychology and psychotherapy were very much on a par with those on philosophy. In every new book I found nothing but very big pronouncements—loftily critical, and sometimes even learnedly laconic when they did not cordially repeat, or heartily patronise and agree with, the conclusions of other writers—who were mostly foreigners!—but nothing really plain, easy, compact, and essentially new. I have confidence that the future will prove that I have been right in my prognostication as regards both psychology and philosophy, that a process of cancelling down to *reasonably small* issues will be the feature of future work in these subjects. Take, for instance, the learned address given by Bernard Hart early in 1919 before the Royal Society of Medicine, when he laboured at great length to distinguish between treatment by suggestion, by persuasion, and by psycho-analysis, while one word might have answered for all three—the simple term "education," or perhaps occasionally (*pace* Dr. Montagu Lomax) "re-education." Personally I should much prefer "education" if I did not employ neuroinduction — as having a greater scientific significance that includes all the lesser meanings.

The simple psychological classification of strata which I recommend psychotherapeutists to consider I will illustrate as follows:

Physical States.		Strata.	Mental States.	
Toxæmia of worry.	Exapsis.			Abnormally bad temper.
Dyspepsia.	Psychanapsis.		Supraconscious.	Poor thought power.
Constipation.	Antapsis.			More thought power.
Inclined to normal.	Asthenapsis.			Better thought power. [No voluntary muscular energy.]
Normal metabolism.				Best thought power. [Neuroinducted or neuroconducted.]
Pure blood.	Panapsis.		Subconscious [Superconscious.]	
Good health.				
				Best thought power. [Natural relaxation on early waking.]
Tiredness.				Drowsiness or light sleep.
Some toxæmia.	Asthenapsis.		Unconscious.	Pure sleep.
	Antapsis.			Light sleep again.
More toxæmia.	Psychanapsis.			Dreams, *e.g.*, dyspeptic.
	Exapsis.		[Diseased.]	Delirium. [Waking or sleeping.]
Coma.	Pananapsis.			No thought power.

ILLUSTRATING STRATA OF THOUGHT POWER, WITH CORRESPONDING PHYSICAL VARIATIONS.

Inasmuch as we see in this illustration that each side contributes positive and negative effects upon the other, at the several levels, we have in it as good a lesson in circling as one could wish for.

The second column from the left, of the marginal notes, gives the states in terms of neurone process at each level; these will be better understood on referring to some new terms and definitions to be given further on in this chapter.

Each stratum is seen to merge gradually into the next one. It will also be noted that the better the health the better is the thought power, the latter being naturally greatest in an individual, potentially, in the early morning after a night's sleep, for at least one obvious reason—namely, that he has become steady, has been resting, has been conserving energy. Of course the reader will understand that if a person be abnormally toxæmic through suffering from dyspepsia he is not likely to feel at his best in the mornings on waking; therefore the reservation "other things being equal" must be borne in mind.

In neuro*con*duction (hypnotism) the very highest possible isolated and concentrated mental activity may be reached; but here we have a state ripe for artificial hallucination, and therefore any phenomena which we obtain by suggestion in this state are of less permanency or value, to the personality as a whole for educational purposes, than what we get under neuroinduction, which permits the highest degree of thought power in certain directions, while at the same time the patient himself retains the maximum power of effecting any other emotional connections that may be useful and that are possible. The educative effect in neuroinduction is also far more permanent than the highest form of ordinary education can be, because it aims at the pure subconscious, where on a plane of broader understanding and interests there are higher potentialities for retention; here the thought powers are all the stronger by reason

of the cementing effect of the emotional ideas and sensations involved; moreover, in this region the thoughts are less contaminated than they are bound to be either in the higher or the lower strata.

It will be seen from the diagram that light sleep is close to, and merges into, the subconscious, before this becomes supraconscious—rapidly as it does in the early morning. You can communicate in thought with a light sleeper, but not so well with a heavy one —who requires to be at least partially awake before you can get into mental touch with him.

The familiar early-morning elevation into the subconscious is automatic, the conditions being favourable; but the state at this time is not usually quite so good as that which is hetero-suggested; in the former the mind drifts into its own deeply considered but only accidentally chosen channels of thought, while in the latter the subject-matter is specially chosen; collaboration stimulates the faculties to higher power; yet it is true that it sometimes seems as though nothing could exceed the acumen shown in early mornings while engaged in self-directed cogitation, especially when the mind has been particularly concerned with an interesting subject for some hours or days previous to the sleep.

The above representation of thought strata will make it easier to realise the futility of imagining, as so many do, that in the supraconscious we have the main, the most important, the true consciousness.

It is a final psychologic fact that the first and best conscious is the subconscious.

The diagram will further help to elucidate the plain truism that there is only one absolute unconscious, and only one position for it. What so many psychologists imagine to be the unconscious is merely an abeyance of the character of suspension of memory process, a suspension of what I have chosen to term simply synapsis — that is, communication along synapses between neurones.* The unconscious of former writers is neither more nor less than a purely fictional realm—the outcome of imaginative, speculative, and imitative beliefs on the part of mere theorists. The term has been only too commonly and very loosely applied by writers of fiction. Indeed, the prevailing conceptions of the unconscious are more hollow and inaccurate than some of the notions regarding communications between very uncultured mediums and so-called spirits—and these are empty enough in all conscience.

Similarly the term "personal consciousness" of Dr. William Brown and many others, which has been used to imply the ordinary consciousness of everyday intercourse by spoken expression of ideas, is as bad as another figure of speech still employed

* I prefer to employ the term synapsis to mean a power passing between neurones, instead of Vogt's "neurokyme flow" or M'Dougall's "neurin flow"; the word "synapsis" being less speculative and less misleading than the imaginary "chemical flows" of the respective authorities named.

even to this day—when referring to treatment by "hypnotic suggestion"—namely, "I sent him more deeply to sleep," when the patient is not asleep but is receiving very wide-awake suggestions from the physician (*vide* an article by Dr. William Brown in the *Lancet*, June 14, 1919). Ordinary sleep occurs through a gradual reduction in the sum of synaptic process involving a lessening of sensory, motor, and mental activity. It will at times be complicated, but it becomes less so as it moves towards the perfectly pure state according to the conditions of the moment. In neuroconduction (hypnotism) there is a reduction in the sum of synaptic process while a certain amount is definitely retained for special use and governance by another person acting in co-operation. Hypnosis should never be termed sleep, or even "a kind of sleep," for this is not correct; this error has been deplorably misleading in the past; it is correct that a hypnotised subject may fall asleep (that is, may pass into true sleep) simply because the state of hypnosis happens to be just that which is particularly inviting to sleep.

It has been commonly contended by various authorities that everything so-called forgotten—un-remembered at any time—is submerged, repressed, suppressed, or what not, in the "unconscious." As a matter of fact, an idea is only submerged in the unconscious when a person is really asleep, or narcotised, or in some degree diseased, or to some extent structurally injured.

This book will, I hope, serve to put an end to many misunderstandings, and, therefore, help towards a purer science. It gives new facts in the place of old misconceptions, while it foresees further new facts which are certain to be elicited by other workers on similar lines. Its principles make a straight-line approach towards fundamental accuracy; anyone who tests these—and they can be easily demonstrated in the living subject—must accept them without questioning.

* * * * *

If we can say exactly how hypnosis is produced we are all the more likely to be able to define it. Let us therefore study its production. The cessation of a muscular energy represents some diminution in the sum of synapsis—the amount of diminution being that which has been involved in producing this energy. Now, it happens, by a natural law which I venture to originate, that *any, even a small amount of, hetero-inducted synaptic diminution autoinducts towards a further amount*, even to the extent of involving some cessation of thought activity. The inclination for this is automatic, or instinctive. A study of self-hypnotism and cataleptic states both in animals and man will convince any student of this. We know well that the converse is true: the emotional interest aroused in common induction, when, starting from one notion, a pupil becomes naturally and instinctively interested to learn more, is a familiar example.

Dr. M'Dougall undoubtedly helped on the study of hypnotism, and made most useful efforts toward defining hypnosis, in his "State of the Brain during Hypnosis" (an article in *Brain*, July, 1908); but his finding and believing that "any idea suggested by the hypnotiser is . . . accepted uncritically . . . and acted upon because accepted with belief," I have found to be quite erroneous, so far so that it is diametrically the reverse of what is quite easily demonstrable. The subject who is hypnotised is in a better state to criticise, should he have sufficient reason to do so, than in any other state of his experience, so much so that he quite understands what the hypnotiser wants, and therefore allows himself to be led. *It was exactly the misty surmise of this fact which made the critical investigators of old so very sceptical as to the genuineness of all the phenomena of hypnotism.* The hypnotised subject is able to be so very acutely critical that he can at any moment call up his own independent action or inhibition, both over himself and as against the person hypnotising him, should he take exception to a thought or act suggested by the hypnotiser. *He can all along protect himself from danger with a discrimination that is distinctly greater than any that he is capable of exhibiting in the ordinary waking state.*

That the hypnotised subject does not remember after coming to the normal state—cannot speak of certain phenomena which have occurred during his hypnosis—is no sign of his having been unconscious

of them, but merely that there has been a synaptic suspension the while, which has precluded supra-conscious reference. Dr. M'Dougall contradicts himself in the article referred to when dealing with negative hallucination in the following words: "His neglect"—that is, the subject hynotised—"and active avoidance of it (an object which he has been told is not present when it really is) show that the object *is in some sense recognised.*" (The italics are mine.) And then Dr. M'Dougall proceeds to leave the reality of any co-consciousness "an open question"—as though half realising his own contradiction. In the concluding paragraph of his otherwise most valuable and admirable article are these words: "There are a number of phenomena that remain very obscure, and it is not claimed that the theory of cerebral dissociation as here presented provides a complete explanation of any of the facts." These words speak still more eloquently for themselves.

If there are any phenomena regarding either hypnosis or neuroinduction which do not appear to be adequately dealt with in this book, then I shall be extremely pleased if any authority will point them out. Until I have proof that I am wrong I shall accept as final the written verdict of a very distinguished medical critic, to the effect that I have succeeded in "isolating" hypnotism, by which he means that I am the first worker in the field to define it fully and finally, and to be able to give proof that my definition is correct, no matter

what variation of phenomena may be presented to me for explanation.

To consider also that hypnosis essentially involves dissociation, as Dr. M'Dougall contends, and as most other authorities endorse, is not correct. Hypnosis is merely the disposition to employ a set of brain neurones in a manner exalted in capability over and above the potentialities of other sets, at the direction of an outside person. Take the case of a man who has eaten a candle as though it were a carrot, under hypnosis. If this man be examined again in the subconscious he will freely admit that he ate candle, and if asked why, he will reply because he was asked to do so. Did he taste its candleness? No. The explanation is that either auto- or hetero-suggestion has disallowed this taste. Now in the subconscious he can be prepared to recollect all that went on in the subconscious when he is restored again to the ordinary supraconscious state. But if he had private reasons for not revealing the true facts, being, say, a show subject, then he would be likely to favour his paymaster and act in a manner that he thought was advisable under the circumstances.

The intellectual powers of the subconscious of any patient should be accepted for what they really are—namely, the highest which he potentially possesses—if the physician wishes to be successful in his treatment of him. But this fact has long been proved in another connection—the significance of which may be narrower but still valuable—by Dr. Milne Bramwell and

others who found that remarkable calculations could be made in the subconscious which would be impossible for either physician or patient to make in the supraconscious.

Further, we must avoid all visionary and hypothetical uncertainty in terminology and definitions, such as may be read in former books which refer to degrees of hypnosis: as regards these, authorities have, of course, mostly differed, because they have either been groping in pure guess-work or floundering among the pitifully insufficient data of their day.

One thought complex running independently of other thought complexes, in the same person, as a sustained habit, represents true dissociation; here a certain amount of synapsis is interrupted; separate automatic action is instituted, as happens in the hallucination of insanity as well as in true dual personality of the comparatively sane. In the hallucination of hypnosis there is an artificial weakening or even a suspension of synapsis, both within the subconscious and as between the supra- and the sub-conscious; hypnosis, far from involving a dissociation, keeps its associative power potentially, and merely lends itself in a volitional sense to co-operation for the time being, conditionally.

While distinguished authorities such as Dr. William Brown continue to speak and write of "light" hypnosis we have misgivings as to what they mean, simply because it is obvious that they do not fully understand what hypnosis is.

Some critics may point to my own admission that different mental states merge into one another. They may say that gradual transition between the strata seems to make it impracticable to draw any sharp line between them. Is it therefore possible to differentiate more clearly between neuroconduction and neuroinduction to satisfy the exacting, who are fairly certain to ask for more precise definitions—after the manner of most critics, even though they may never exhibit any model of exactness themselves whether as scientists or literary originators? The answer is that it is.

The entry of neuroconduction (hypnosis) while induction is proceeding—both being represented on a scale of gradual reduction of activity in the sum of synapsis—is synchronous with the moment when one of two who are acting in co-operation (the patient) resigns the procedure part of his mental activities to the control of another (the physician). All that precedes this resignation is preliminary and preparatory—is inductive. Similarly, in emerging from hypnosis, conduction ceases when consent to active co-operation—when the capability of exhibiting autoinitiation and independent judgment—returns to the patient.

Here is a similitude which will help to make the foregoing definitions still plainer. An aeroplane pilot, not feeling fully conversant with the art of flying, requires further instruction. A tutor sits by his side—there being dual control mechanism in the machine—and instructs (or inducts) while the pupil

learns more of the correct procedure; this is akin to neuroinduction. But should the tutor induct the pupil to do nothing but, say, write an essay, to cease his co-operation in the control of the machine, so far to be simply led, then the tutor will conduct; this is akin to neuroconduction (hypnotism). Note that there is no interruption in the running, no true dissociation, whether between the two persons or within the one who is inducted or conducted. Both quite well know in the main what is being done as regards the control of the machinery having certain effects, whether induction or conduction is going on—so far as the safety and object of the journey are concerned. But here is another extremely important point: in conduction the one resting renounces anxiety so far; he leaves the driving to the other *unless there should seem to be danger ahead*—in which case he will at once come out of his detachment, proving his power for understanding and his potential capacity for co-operating in an extremity, all the time.

It will thus be seen still more plainly that the individual conducted will not derive so much permanent information as the individual inducted; that neuroinduction is of greater value than neuroconduction as a means of education.

Let us consider, once for all, the common question of will-power. Obviously in neuroinduction the will-power of the person inducted is increased—because of the increased understanding which he derives from the process. But even neuroconduction does not

diminish the will-power of a person—does not diminish any essential understanding which he may possess; on the contrary, his potentiality for exercising judgment is exalted; it is simply that he is not required to exercise his will-power for the time being unless for his own satisfaction or safety.

Years ago (in 1909) I made the conclusive test of merely neuroconducting a patient to the point of complete resignation, only to find an intellectual discrimination latent in the subconscious which was far higher than any exhibitable in the ordinary state, *without any words of advice having passed between myself and the patient.* Neuroconduction itself, therefore, has the essential effect of clearing the subconscious, other things being equal. I have found in criminals that mere neuroconduction, no words being spoken beyond those employed in the reduction of a certain amount of synaptic energy, has produced a clearer subconscious mind for realising the evil character of tendencies—which has afterwards exhibited itself in the supraconscious. There are very distinct reasons for this effect, which will be obvious to some readers, but which need not bother us at the moment.

* * * * *

Common induction, being plainly a teaching or a "causing to occur," becomes neuroinduction proper the moment a *definite regulation* is applied to the sum of neurone energy that is intended to inculcate autonomy in either bodily or mental functioning. By autonomy I mean, here, that when an acceptable

truism is learnt there is a tendency to instinctive re-adoption on the part of the learner. When a patient is asked to lie down, in order to begin definite relaxation of muscular effort, he relaxes automatically to some extent. I make decubitus the commencement of neuroinduction because, *ipso facto*, I thus begin to induct thought power to be easier as I diminish muscular energy, fulfilling the psychological and physiological law that *when you diminish power in one part of the human machinery you permit more power to be exercised in another*—other things being equal.

A patient can accept conduction at one moment and induction the next. It follows that in psychotherapy either one thing or the other should be definitely aimed at. Therefore, inasmuch as I consider neuroinduction to be obviously better than neuroconduction—intrinsically, and in respect of the direct and indirect therapeutic objects in view—I aim straight for the former and actually avoid the latter in practice; it arises, very fortunately, from the character of the procedure, that as you effect neuroinduction you make neuroconduction impossible, and *vice versa*. At the same time I am quite aware that results are being obtained every day, by most competent operators who use hypnotism pure and simple—results that *in certain cases* could not be beaten by any other form of psychotherapy—or, indeed, for that matter, by any other form of treatment.

Suggested Terms and Definitions

I have been asked by psychotherapists to suggest new terms and definitions, in keeping with new principles of treatment, with a view to making the study of psychotherapy easier. I have pleasure in offering for consideration those which follow the first two of this list (which are old):

Neurone.—A nerve cell with its processes, collaterals, and terminations regarded as a structural unit of the nervous system.

Synapse.—(In psychology) a touching together.

Apsis or synapsis.—(In psychology: a new adaptation of a familiar word) the *current communication* between neurones.

Psychapsis.—The *current communication* between thought neurones.

Panapsis.—Normal health of all neurones and their connections throughout the whole system.

Anapsis.—Loss of current communication between neurones.

Pananapsis.—Total loss of all current communications between neurones, excepting those concerned in maintaining mere physiological existence, as in coma.

Psychanapsis.—Loss of current communication between thought complexes: true "dissociation," if we use the word dissociation at all. Psychanapsis in areas, which is sustained, is synonymous with dementia. Total sustained psychanapsis is equivalent to amentia.

Antapsis.—A temporarily irregular synapsis creating auto and hetero conflict, as in hysteria, where it is auto-generated; there may not only be a suspension or weakening of some current communications but an actual creation of others.

Exapsis.—Irregular synapsis that produces sustained derangement, which may develop to the degree of the irrational (insanity), operating at the seat of the subconscious and exhibiting disorderly manifestations in the supraconscious. It is a mixture of ordinary synapsis, psychanapsis, and antapsis, which creates definite incoherency. It is the characteristic of psychosis. Here we have conflict that goes beyond the auto-generated observable in antapsis.

Asthenapsis.—Weak connection between neurones, as in psychasthenia (always containing the lesser neurasthenia—for there is never one without the other). It is commonly known to follow worry and overwork, and is a feature of various toxic states of the blood.

Supraconscious.—That state of consciousness in which there exists a diminution of thought power due to the confusional effects of the *ad lib.* operations of the special senses. A toxic state of the system invariably results when the amount of confusion is large.

Subconscious.—That state of consciousness in which there are far fewer confusional factors owing to the operations of certain special senses being in

some degree of abeyance, either naturally, or owing to their being neuroinducted or neuroconducted to quiescence. In this state the conscious is enhanced in power, as are also the operations of the sympathetic nervous system.

Unconscious.—That state in which psychanapsis and exapsis have proceeded either to total loss of coherency throughout the brain (amentia), or to entire mental inertia (coma), the state being either quite temporary, as in perfect sleep, or more sustained, as when a person is under drugs or disease, or when he is suffering from injury. In dreams, as also in the somnambulism of sleep, there is partial retention of coherency for the time being, as within the subject-matter dreamt about, but not beyond this merely adventitious complex manifestation.

Hypnosis.—A state of mental activity in which a certain amount of complex psychapsis has been proposed, and is taken over and regulated, by another person, temporarily, by mutual consent; it is terminable at any moment, by either, when sufficient reason enters for the termination. Here some anapsis results according to the law that concentration—that is, exaltation of complex synapsis—has the effect of reducing towards anapsis the remainder of the potentialities. The making of "passes" reduces general synapsis, while potential thought power is *ipso facto* rendered ripe for suggestion in any particular direction. A patient looking with undivided attention upon an object held by the hypnotiser is concen-

trating, retaining his power to exercise attention, while temporary automatic sthenapsis and anapsis are developing throughout the remainder of the potential thought area. Directly the patient is conscious of or subject to the slightest feeling that anapsis is commencing—as on his perceiving that he is thinking less independently and on his feeling less inclination to move—the tendency toward further reduction increases automatically, according to one of the laws referred to above.

Neuroinduction first reduces general synapsis; it then elicits particular complex synapsis under the mutual consent to full co-operation between the physician and patient for a very particular purpose.

Psychanalysis.—A term which should be used—if used at all—for all kinds of thought analysis, not for any particular one only.

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The actual boundary between the supraconscious and the subconscious may be considered thus: The door leading into the subconscious realm is opened, and movement into it begins, the moment any mental or physical activity is suspended to the exaltation of the potentialities of the remainder, which latter phenomenon may occur automatically (as in the early morning) providing there be then good reasons for exercising greater thought power in a certain direction. We are quite well within the apartment of the subconscious when, under neuroinduction, the patient only *thinks*, or when, under neuroconduction,

his thought power is mainly governed by another and his production of energy is reduced to little more than what is automatically required of him in order to exist. If *all* special sense and voluntary muscular activities be dropped, including the potentiality or disposition to think, then true sleep will enter.

Illusion is a very simple exaptic process that creates faulty mental impressions, which are truly understandable by the patient as being faulty on his receiving a simple explanation. Delusion is a more advanced exaptic process causing faulty mental impressions that are *not* understandable as being faulty on the patient's receiving a simple explanation. Hallucination in disease illustrates exapsis—detached, irregular, out-of-gear. Neuroconduction can be extended to the point of creating hallucination by inducting sufficient temporary exapsis (artificial) for the purpose.

Dreams are auto-generated hallucinations, arising usually either through physical promptings or on account of particular mental activities prior to the sleep in which they occur. Somnambulism is characterised by temporary automatic hallucinations during sleep, definite muscular actions being exhibited. In somnambulism, and in insane hallucination of the waking state, also in neuroconducted hallucination, there exists some synaptic order, but this is separated from the rest of thought synapsis in the same person for the time being. There is no true dissociation in somnambulism, as there is in insanity :

there is amnesia (as there may be for ordinary dreams) so far as there is loss of connection between the hallucinated and the normal waking states.

In dual or multiple personality there is a disposition for different sets (complexes) of synaptic order to operate on different occasions, during the suspension of activities on the part of other sets.

Memory is far better elicited in the subconscious than in the supràconscious—that is, abeyant synapsis can be restored—because in the subconscious there exists the highest potential, the purest intellectual and emotional possibilities. Restoration of memory is restoration of synapsis which has become either weakened or non-existent for the time being (asthenaptic, psychanaptic, or exaptic); linking may result spontaneously, as on waking from sleep, or through some indirect emotional stimulus, as when the subject is particularly influenced by sudden circumstance; also by auto-suggestion, as when a trend of thought fortuitously develops others which effect the desired linking, but deliberately and intentionally by both neuroinduction and neuroconduction.

The term "dissociation" has in the past proved as deceptive as the terms "subconscious" and "unconscious," over each of which legions of workers in psychology have tripped and fallen, at one time having noted association where they have believed the unconscious existed, and, at another, having been convinced that there was dissociation in what appeared to be a contradictory conscious—and so

forth* (see M'Dougall's "State of the Brain during Hypnosis").

Limitations of some sort are needful in defining dissociation—even by those who would wish to use the term. The limitations which I suggest arise out of the definitions of hallucination and dual personality. The question should be: Can you find association between the sets of synaptic activities in the victims of these conditions? If you help a person to remember a thing in the supraconscious you help him to find his synaptic powers—his powers of linking-up. If you do not succeed in the supraconscious you will be much more likely to do so in the subconscious by means of neuroinduction; if you also fail to succeed there then you may be entitled to believe that there is psychanapsis—true dissociation.

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On looking over the MS. of this chapter a well-known medical and literary critic remarked, "It is of great importance that this material should not be used by some of the laity who are so anxious to practise psychotherapy." I replied that there is only one satisfactory way of preventing the laity from practising psychotherapy—namely, by adopting the same process which put a stop, once upon a time, to the activities of barber surgeons—a gradually

* Read "Subconscious Phenomena," by Munsterberg, Ribot, Janet, Jastrow, Morton Prince, and Bernard Hart (Rebman, Ltd.), and particularly the last page, in order to realise fully the chaos that has existed and still exists on various points.

evolving proficiency on the part of the profession. But quite the most discreditable scandal that exists in the medical profession to-day is an everlasting adherence to old-fashioned organisations and confining formularies. So craven and confirmed is the offence of inconsistency that even in one of the foremost—if not the foremost—of our medical journals there has appeared, for several weeks past, an advertisement of a layman offering to teach medical men psychotherapy! There is much mockery to be got rid of in medicine.

NOTE 1.—I am well aware that my efforts toward amending terminology and making definitions will betray imperfections; but I nevertheless feel perfectly safe under the protection of two axioms: (*a*) To make more accurate the rationale and technique of a therapy is of a truth to make it much easier to learn and to adopt. (*b*) To be able to reach higher percentages of favourable results *against the most difficult forms of functional disorder* is to maintain the fullest confidence in the scientific principles employed.

NOTE 2.—With all respect to Morton Prince and other writers on dual and multiple personality, I am of opinion that most of the examples they have studied were merely patients afflicted with forms of hysteria which developed mainly on account of the very great interest they aroused on their first exhibiting peculiarities. The Morton Prince cases specially referred to by M'Dougall in the appendix to his presidential address before the London Society for Psychical Research (1920) I consider to be interesting examples of hysteria sometimes complicated by hypnotic experimentations.

CHAPTER XXIV

THE SIMPLIFICATION OF PSYCHOLOGY

IN reviewing a book by Boris Sidis on "The Foundations of Psychology," a writer in the *British Medical Journal* of October 16, 1915, expressed his opinion of books on psychology generally thus:

"Most textbooks on psychology are badly arranged, badly proportioned, and badly written. They impose on the student a very disproportionate amount of labour; they devote a very disproportionate amount of space to sensation and perception; they are very deficient in their descriptions of the higher capacities of mind, and their teaching has no bearing at all on the vagaries of mind that are discovered in the lunatic asylum and the consulting-room."

I am in entire agreement with him to-day, as I was in 1915. While we all have to thank the Editor of *The Medical Press and Circular* for opening his pages again and again to a discussion of one of the most important studies which the medical scientist can engage in—namely, psychology—it would seem that medical men generally have not advanced to any degree worth speaking of since the above words were written. It is true that the old-fashioned hypnotism

has been brought forward fairly prominently, owing to the Great War and a number of very easy cases which it has produced, but that seems about all in the way of observable movement.

THE SO-CALLED "UNCONSCIOUS"

What is the chief trouble all the time? What is it that prevents general progress? It is the old story—the mysteries and vagaries of the "unconscious mind"—that contradictory term which is, psychologically speaking, rooted in misconception and which therefore will ever produce chaos until it is entirely abandoned. Dr. Ernest Jones and others will never get out of their difficulties while they hug such expressions as "repressed in the unconscious" (I quote from a paper read before the Psychiatry Section of the Royal Society of Medicine, April 9, 1918, by Dr. Ernest Jones). The real difficulty for such authorities—and it is increasing, of course—is to reconcile certain former hard-and-fast *quasi* clear-cut conclusions, expressions, and definitions with later findings, not only of their own, but of other workers. For, outside all this, isolated progress is continuously being made which will find its way to the fore in spite of former fundamental errors being rigorously held by the majority.

I think I can discern new courage being exhibited by Dr. Bernard Hart, however. He is apparently—may I say, actually and almost wholly?—abandoning the term "unconscious" in his most recent writ-

ings and utterances. When will others do the same? Perhaps not until they have become still more involved in the network of their endeavours, which will indicate to them that a candid clear-out from the impossible position is "the only thing to do."

Meanwhile, those few who have abandoned this amazing contradiction, the "unconscious conscious," are very much happier. Personally, I was never induced to handle this nettle bloom; consequently I do not meet such difficulties in the science of psychology as are confessed by so many writers to-day. Therefore I find myself making progress, not only in consolidating and crystallising further advanced findings, but in applying them all the more successfully towards correcting disorders in patients.

What problem shall I pick out from the observations that have been made by the Editor of *The Medical Press and Circular*, as one which presents no difficulty to me? I will take that involving what he and others term "primary" and "secondary" personalities. Albeit I note with gratitude that he has exhibited a reconstructive and happily conciliatory mood—as a psychologist—in "There appears to me to be a tendency among the psycho-analysts to exaggerate the rôle of the unconscious. Is not much that is termed unconscious merely un-self-consciousness?" (*Medical Press and Circular*, March 31, 1920.) If I may be allowed to say so, without appearing impertinent or presumptuous, I consider this paragraph to be a paving-stone well and truly

laid on the way to his finally abandoning the term "unconscious"—as also his sentence, "the term 'unconscious feeling' conveys no meaning to me."

THE SUBCONSCIOUS IS PARAMOUNT

The fact is, I am wholly against using the terms "primary" and "secondary" personalities as they have been used by others in the past. There is only one pure, true, fully potential consciousness, and that is the subconscious which I have consequently, and, as I deem quite rightly, termed superconscious. The ordinary everyday consciousness is comparatively weak; it consists of a modicum of subconscious process confused greatly by special-sense operations concerned with external interests of various kinds: it is, in short, adulterated to a very considerable extent. Then, again, there is no such thing as an unconscious in the subconscious. If a perception or idea exists at all in the memory chambers it will first be found within, and by the acumen of, the subconscious. If it cannot be found by the subconscious it is not in memory; it belongs to the really unconscious—that is, it is not in any way potential; it is inert while subconsciousness is suspended; it will continue to be inert if, as in the case of very many ideas and impressions, certain neurones and synapses have become irrecoverably impotent—perhaps through age.

I have termed the everyday ordinarily employed consciousness of a person in my scheme of psychology the supraconscious, and it is now a commonplace to

me that this has not anything like the same potentialities that the subconscious possesses, for the reasons explained; nevertheless, it is still viewed by many (nearly all psychologists) as the most conscious.

I could only admit the terms "primary" and "secondary" personalities as useful, perhaps, in referring to dual or multiple personalities.

Self-consciousness is quite another matter. This term is also liable to be variably and quite wrongly employed. When a man does not recognise his own irritability I do not consider that he is unconscious of it; I analyse his affliction as a disinclination chiefly begotten of obstinacy, falseness, or disputatiousness, for I can in most cases enable him to admit that he is irritable—if he has been so—provided I can reach enough normality in the subconscious; that is, provided he is sane enough. As to "naggings, or passionate outbursts," these, like irritability, are very often due to physical ill-health or to inherited abnormal functioning. It is absurd to speak of such characteristics as belonging to the unconscious just because they are not forthwith admitted by the patient.

Much has been written—and, indeed, a great deal must depend upon—the meaning of the terms "awareness" and "cognition." Now I am quite satisfied that awareness can only be studied fully, wholly, and finally in the subconscious; it is equally true, psychologically speaking, that determination as to whether there is any awareness or not, cannot be considered at

all finally in the ordinary consciousness of everyday experience (in what I call the supraconscious); it follows that any awareness in the supraconscious can be improved upon by the subconscious—to say the least of it. It also follows that any form of subconscious education is far more effectual than supraconscious. Again, if an idea (an awareness) does not exist in the supra or ordinary conscious, it may often and often be found in the subconscious. The latter is now a commonplace truism that must be accepted by all psychologists.

In my way of reasoning, therefore, there can be no such thing as "repression in the unconscious" at all, or at any time. Any repression must be chiefly and essentially in the superconscious (subconscious) which is the most conscious—that is to say, it has the most reasoning potentialities. It is precisely this region that finally and shrewdly determines any self-protective repression, while the supraconscious may appear comparatively ignorant about it—may know nothing whatever about it. As for probing or delving in the "unconscious," what is any capable patient (subconsciously so) likely to think of a physician who writes and declares that his procedure is to probe and delve in the "unconscious"? Such a patient obviously knows far more in his supraconscious than does the physician, regarding the first factors of causation in the former's case; therefore the patient only requires helping by the wise physician to reveal what he is subconscious of.

Hence I take very little notice of what patients tell me in the supraconscious—until they are stronger in body and mind. I merely accept preliminary supraconscious particulars as guiding reasons for proceeding to learn what is in the subconscious. I do not fire words like dust-shot at their unconscious (word association) in order to find out what sort of utterances they will make in response, according to which shape of pellet should happen to hit a sensitive "*unconscious*" spot. I get down to their subconscious, and I find there, comparatively speaking, everything laid out for me to select from; I get this collection arranged and sorted out for me by my patients, made ready for holding a sensible discussion over such items as seem important. It is true that there are all degrees of disorders to deal with, making cases either easy or more difficult.

The subconscious, which is the most capable thought potentiality, therefore has the fullest command of the memory stores, and can draw from them according to the power of effecting association that is inherent in neurones and their connections (largely sympathetic or emotional). The subconscious has power that is roughly akin to that of a chief of a business concern, who owns a huge stock (memory), and is greatly assisted by special means, in the ordinary way—by eyes, ears, and muscular activities. It is only when the complicating confusion of the latter assistance is cut off that the chief can concentrate his mind on his affairs and judge his stock for

disposal in the cleverest manner possible—as though he should say, "Close the shutters, keep everything and everybody from bothering me, and I will work at ease on reconstruction in my armchair with clear mind, having my library around me." And when the chief (the subconscious) is out of order, he will employ an expert adviser (the doctor, who employs "suggestion" as a form of treatment), who will confer and co-operate with him.

Neuroinduction is a name given to the quickest and best means of helping a patient not only to get down to the subconscious but to restore order there. By this means the patient is taught both physically and mentally to detach and concentrate, so that under easier regional abeyance his most effectual thought power can be employed to a particular end—namely, the recovery from difficulties that are abnormal.

TECHNIQUE

Of course, the matter of technique is bound to come into the minds of students of psychology. It is, indeed, almost everything; for if psychology demands an efficient technique in applying its teachings to disorder, then it is an equal truism that an efficient technique will assist mightily in establishing a sound psychology. I am often asked how I "get down to the subconscious." My reply is that I am no better able to tell a medical man what I do than a golfer can by mere words tell another how to play the game. I need hardly declare that it is not a question as to

whether one is *able* to demonstrate and explain; it simply does not seem to me to be possible to explain satisfactorily in writing. I would not make the attempt unless I could have the space of some 200 to 300 pages; and even then demonstrations on the living subject would be found advisable for those who wished to learn properly. Nor should I train another to demonstrate unless he were also quite well trained to explain. Moreover, the technique is not small; it is in some sense simple and easy, but, like an artist's work on many different surfaces, it is necessary to vary it very frequently and sometimes carefully. We have not one thing alone to aim at any more than there is one stroke and one club required for golf. Were I to show one or two effects, those looking on might only see something akin to one or two specimen strokes at golf. I have had enough experience in teaching various subjects to know that it is of little use to begin teaching unless one can impart enough knowledge to be *permanently* useful.

I shall be glad to demonstrate before not less than fifty assembled qualified medical men. Had I methods which were inexplicable I might show them to a few individuals in order to find out what they thought of them for my own sake. But in that they are explicable just a few might not properly understand. If I address fifty or more I consider I shall establish the first position for my principles out of the wide acceptance I should certainly win. Until I have my conditions fulfilled I shall not wish to

demonstrate. Indeed, does not my offer to address only a number indicate my confidence in the methods? I want the most experienced audience—the best collection of critics—I can get. And should there be many amongst these who would wish to hold on to the old ideas for all they were worth, if they could, so much the better. Or would the latter be afraid to be convinced and keep away? For I can well imagine the mixed impression it might make when I demonstrated that fibrillation of the heart can be treated by neuroinduction more successfully and quickly than by any other known treatment, and that I have never yet failed to treat successfully the particular form of nerve sensitiveness which causes sea-sickness (in the case of those who are known to be "bad sailors")—by a technique that is quite easy for the doctor and absurdly simple for the patient—requiring in those who suffer from sea-sickness but a few minutes, just once, to give permanent results. It is conceivable that such object-lessons might almost create uneasiness in the minds of some that such a simple method had not been discovered by themselves before: I should be but a poor thought analyst if I did not know enough of the psychology of herds, crowds, audiences, and even varieties of professional men, to formulate such a possibility in my mind. Then, again, there are always some people to be found who do not want to be bothered to learn any more than they already know—who get along quite well enough just as they are—indeed, who might feel

greatly inconvenienced were they more or less obliged to alter their way of tackling difficulties because new methods had arisen. By the way, of course, the latter inclination would be labelled by many psychologists an "unconscious" one.

Results Finally Prove

The measure of my confidence in the principles upon which neuroinduction is founded, and in the practicability of the technique as I could teach it, rendering it ahead of any other psychotherapeutic method, may be taken from the following data. A superficial consideration of these will give the unbiased reader the conclusion that both the principles and the technique are bound to win, and that the originator of them cannot be in the least anxious about them, it being obvious to him that the more details are examined, or even debated, the nearer towards general acceptance will they be brought—as must be the case with anything that is sound and valuable in therapy, and therefore desirable because sound and valuable—the truism ruling that if doctors were not in a mood for such advancement then their patients were (including certain doctors themselves as patients):

(*a*) Patients who suffer from the more serious and difficult functional disorders are specially sensitive (say 90 per cent.), in some ways finely wrought, very capable people mentally; inclined to get out of functional order because sensitive, but also very ready to

understand measures taken and principles adopted towards getting them back into order. Even insanity is often that belonging to genius. Phlegmatic fools rarely suffer from functional disorders.

(*b*) The psychologic conceptions of Freud and Jung, as well as psycho-analysis (word-association and such) often appear foolish, especially to patients, when they subconsciously realise the true nature of their troubles and are amused at the efforts made by the psycho-analyst to get at them—which often seem ridiculously futile. Now, if a remedy seems at all absurd, this adds to a patient's negative circling: the prolixity and trouble of psycho-analysis to both patients and doctors is, more often than not, bound to confuse issues rather than help.

(*c*) Neuroinduction is enjoyed by the patient from the first in over 90 per cent. of cases. It is also, as compared with word-association, all the easier for the doctor, who is not so much groping in a mist on chance but is helping the patient to find himself in an element that grows less troublesome and clearer from the very first moment.

It is true that a very small percentage (1 per cent. to 2 per cent.) of patients do not like even neuro-induction—some early-insane cases, for example, in which bad temper and obstinacy on the part of the patient do not at first allow sufficient sense to be displayed for free and easy co-operation. But after a little time such will usually alter to the more reasonable. A few may not wish to give up morphia, mas-

turbation, "another man," or something, and may resist help for a time in consequence.

(*d*) The results of treatment by neuroinduction are bound to be prompter, more easily reached, more complete, than under any other method of psychotherapy, because of the nature of the principles observed and the technique employed, the latter being based on a simpler, cleaner, and clearer scientific foundation. I admit that hypnotism will sometimes give results that cannot be beaten by any method; but I claim that in many instances of cure by this means, neuro-induction would have acted more quickly and usually more permanently, the technique being simpler for the doctor, easier for the patient, and the results more lasting because more broadly educative.

(*e*) It follows from (*a*), (*b*), (*c*), and (*d*) that neuro-induction can be adopted with success over a very much wider field than can be covered by any other form of psychotherapy. Indeed, it has been the means of elucidating to a very great extent the nature of some of the most difficult forms of disease, and it has afforded benefit in many of these when nothing else had succeeded (according to reasonable trial and estimate). Many cases have come into my hands in which psycho-analysis, dream-analysis, hypnotism, and various other recommendations have been adopted without success, neuroinduction eventually proving successful.

Neuroinduction first instructs and guides the physical and mental systems towards the best con-

ditioning for thinking (subconsciously); after which it proceeds to educate and help the patient to think on lines that make him stronger—the mental helping the physical and the physical the mental in positive circling. The principles I have already thus given to the profession—and others I have yet to give—are going to be accepted by the profession generally, for any treatment that can be proved for certain cases to be easier and better than anything else—the more it is enquired into and examined—is bound to be extensively adopted sooner or later.

My confidence is strong, not only because I have found all the information I have given on psychology and psychotherapy to be such as can be substantiated and confirmed by my repeated procedure and by favourable results, but I make the equally candid declaration that all others who adopt neuroinduction will find it even more so—because extension will naturally increase confirmation and bring in still more advanced findings.

CHAPTER XXV

THE TECHNIQUE OF NEUROINDUCTION

THE technique of neuroinduction is founded upon four laws of synaptic reduction.

Law 1.—*It is a physiological law that when the sum of synaptic activities concerned with muscular movements in the waking state of any thinking individual is cancelled down—when the muscles are limited in their sphere of activity to any extent—by automatic functional reduction, or by hetero-functional guidance, or in rare instances by self-will power—then the potentialities of the remainder are correspondingly exalted.* If a piano-player employs only one hand this hand works better than it would if his two were used; hence in the practising of difficulties each hand will go over the music alone first if proficiency together is desired.

Law 2.—*It is a physiological law that when the operations of the physical system of any thinking individual are cancelled down, or limited in their sphere of activity in the waking state to any extent, even quite small, by the same means as given in Law* 1, *then the mental potentialities are correspondingly exalted.* It is easier to think when physically restful.

Law 3.—*It is a physiological law that when the*

operations of the mental system of any thinking individual are cancelled down or limited in their sphere of activity in the waking state to any extent, even quite small, by the same means as given in Law I, *then the mental potentialities of the remainder are correspondingly exalted.* The power of mind, including memory, is best exhibited when the issue is narrowed down to the smallest dimensions, provided the thinking powers are not at all strained. Memory itself is best when indirect emotions assist a perfectly easy "play" of thought, while subjects which do not matter are ignored for the nonce because they are not wanted.

What I wish to impress upon psychotherapists is the fact that the third law is the most important one for their recognition and particular study; it is upon this law that they will pursue their technique, whether they employ simple suggestion, hypnotic, or any kind of education whatsoever—for simple concentration requires *reduction in the area of synapsis*—in fact, the last six words give its psychological definition.

It is well known, as regards the second of the above three laws, that a person will play the violin better sitting down or standing still than if walking about. It is also well known that it is easier to read when sitting still. But now let me draw attention to a particular study which I made eleven years ago, of automatic physical behaviour while mental concentration was required. I began by noting the simple and well-known fact that when a person wished to concentrate mentally he *automatically* became as physically still

as possible. Thus, "to stop to think" has always been a universal habit.

I further observed that in order to concentrate mentally, as in an endeavour to remember something in particular, an individual would commonly look either up, down, or away into space; he would also keep still as regards his muscles. It is true that I occasionally found some people fidgeting with a toe or a finger, but this I classed as only an abnormal and exceptional feature. I concluded that a very common habit, well known to most people, must now receive a fuller significance—namely, that of staring apparently fixedly at the corner of the room or at any object abstractedly—not really ocularly focusing at anything. It was obvious that this enabled a thinker to do next to nothing but think. Similarly, I found that others would even place a hand to cover their eyes in order to think deeply.

I sought further to explain why so many who were engaged in reading habitually steadied their head upon one hand, sometimes two. I even searched my files for illustrative photographs, and found several of celebrated thinkers with hands supporting heads, including some of the foremost chess-players.

Proceeding to closely observe what happened in hypnotism I found—(*a*) very often complete muscular relaxation; (*b*) a conditioning for concentrated, untrammelled thought which included the closure of the eyes. One could not avoid recalling the fact that blind people become extra acute in other senses.

Hypnotism was therefore so far clearly a mode of effecting reduction in the area of energy which exalted the potentialities of the remainder. It was soon equally clear that when hypnosis was fully reached the operator undertook prime direction, while the subject hypnotised was merely in a position to regain control over all that went on any moment he might wish; it was evident that according to the requirements of the operator—according to his technique—the subject need not exercise his own will-power at all beyond barely following procedure so far as to be perfectly satisfied that he was safe; moreover, he could be so guided that he would be able to think profoundly, and criticise, when required to do so either by the operator or as circumstances indicated and enabled him in his own mind. I therefore concluded that, in hypnosis proper, what I have since termed a neuroconduction took place, the operator mainly conducting, or so far controlling. When the subject exercised his own full-thinking power throughout, I chose to consider the process to be neuroinduction, the operator guiding, but the subject co-operating with his very best wits at work for very definite purposes.

The correct definition of hypnotism thus came into view—there never having been a true definition before—a line of demarcation appearing between a process which conducted primarily and mainly, and a process which either merely inducted, or which imparted information in a very special manner (neuroinduction).

If from the point of automatic relaxation you ask

for an action or thought that only requires a response without full co-operation—that is, without any desire on the part of the patient to be wholly interested, or to guide himself—then you neuroconduct, you hypnotise, you conduct brain process so that it is *temporarily* governed notwithstanding the rest of your patient's mental potentialities.

Where, again, does neuroinduction depart from common induction or teaching? The answer is, When the muscular system is automatically relaxed, including the muscles of the eyelids, while the patient is taught how to think, and what to think of, there being no disputation or change of subject permitted to him only for the reason that any words from him would mean muscular action of the mouth and therefore less power of thought when the highest power was wanted. Even the patient's selection of idea would mean an energy instead of the general relaxation of neurone effort required—which would therefore mean less power of thought when the aim was towards greater power through concentration.

Neuroinduction enables a person to exhibit the very highest thought power that is *available to his ordinary conscious*, as a result of reduction from his own general ideas to the operator's particularly chosen ones, which the receiver is glad to accept. An experienced physician, imparting information by neuroinduction, enables a patient to contemplate effectually *in the easiest manner possible*, that is, with the least effort; and, in so treating, the former must at least

have learnt that just as pressing in golf hinders the quality of strokes, so does "pressing" or urging in thought hinder high quality. The best power of thought is to be obtained not by urging or straining—commonly called endeavouring or trying to think—but by a concentration within complex, which comes automatically through cessation of synaptic communication between neurones that are outside the complex or complexes specially engaged — which permits greater potentiality in the remainder, according to Law 3.

In dealing with disordered minds there come instances where difficulty is met with often enough in employing neuroinduction; but even normal people require a very definite technique when ease and accuracy are aimed at. The great and important point to observe is to secure whole automatic relaxation and to keep it there—*both of body and mind*—for the time being.

If you disallow a word from the patient you *cause* the latter to concentrate in thought *automatically*—you make him attend very exclusively to you. You do not ask him to attend, you *enable* him to attend by suggesting attention in your ruling out an act of independent action on his part—his own initiative speaking. Moreover, it happens that by forbidding any action or word you create the actual desire to attend to you on the part of the patient: he feels quite happily contented to consider what happens next. His natural interest is automatically aroused.

The sensible words you say to him will henceforth continue to claim his interest right through, provided they are of the slightest value to him. Thus you prevent hypnosis by indicating that you expect his wide-awake interest and co-operation; you create his growing interest as you enable him to give his easier attention while you proceed. Concentration involves a confining and confirming into complex, for special reasons quite well known to both operator and patient.

If he is confused with obsessional ideas, or even delusions, these must be ruled out—(*a*) by your ignoring them, (*b*) by your refusing to listen to them, in so much as you ask him not to refer to them, (*c*) by your giving him other ideas to contemplate—such as this: "If you cultivate your ground well with wheat, then weeds will find it difficult to remain. So with your thoughts. You will think out the truth of this at your leisure."

When your treatments run on these lines they will have the effect of straightening out thoughts, but they will also have the still more important advantage of making them straighter between the treatments—that is, all the time, even in dreams—according as progress naturally reduces conflict. This straightening out is directly subconscious; it will therefore give effects more permanent than any that could be produced by simple induction, for the subconscious is the essential potentiality remaining after the supra-conscious—the ordinary conscious—energies have been cancelled down.

As progress is being made the patient becomes easier to treat, of course, for he knows something of the direction it is intended that his ideas shall take; it is the rule that he even joins happily in the efforts made to straighten out his thoughts. He enjoys the more economic process because he feels the better for it. No wonder he wishes for more, until at length he feels quite proud of knowing as much as he does. He feels stronger; it is fascinating to him to realise that he is becoming more effectual. If all happens quite otherwise, then the fault has very likely been not so much in the patient as in the operator.

Now I must present the interesting Law 4.—*It is a physiological law that when reduction to automatic muscular relaxation is definitely obtained in any region (limb) then the same will tend to exist automatically everywhere—in both body and brain.* Any relaxation obtained should be followed up in a doubtful case to the test that there is complete relaxation everywhere—in all limbs, head and neck, in fact wherever it can most easily be demonstrated.

Law 5.—*It is a psychological law that when reduction to automatic conviction is definitely obtained then the patient tends to accept other truisms.*

Law 6 is the *vice versa* of Law 5—that is to say, *a falsehood causes the receiver automatically to desire no more falsehoods.*

Medical men as patients exhibit stronger opposition than lay ones, as a rule. It is more or less natural that they should subconsciously dislike being treated

by another; they are to some extent annoyed because they are out of order. But presently they feel the advantage, and cease extra conflict in their own interests; they then recover just as well as lay patients.

The greater knowledge as to how you are to deal with peculiar forms of opposition exhibited by patients who possess particular types of abnormality is of course largely derived from experience. Procedure should be seen to be fully learnt rapidly to the same degree that one who is experienced knows it; just as a practised and proficient golf-player would manipulate a carefully selected club in order to get his ball out of a difficult position, so would you seek to prevent a mental or physical deflection to one side or the other on the part of a patient whose system was in disorder, or who exhibited a mood for recalcitrancy. Especially in the early stages of training, just as a golf professional would teach a novice how to avoid "pulling" and "slicing," so would the physician inculcate economical and effectual thinking straight ahead.

The old idea that a patient should relax *himself* on being told to do so is quite absurd in the light of the foregoing. One might as well begin by telling him to talk to himself, to help himself without any outside guidance being offered—to cure himself, in fact. Nevertheless, I still hear of operators telling their patients to relax on the one hand, and to pull themselves "together" on the other. Asking for any effort from a patient when none is thinkable, and when in any case it would be difficult to obtain, is like tell-

ing him that he is sure to feel easy while all the time he feels himself moving towards difficulty. In the first place it is of little use to tell patients to relax; the great majority are simply not able to do so; indeed, if they really could, when told, there would be truly very little the matter with them. In the second place, if they could themselves relax at all then their minds would be largely taken up with the importance of self-relaxing, and would therefore be available for very little else. Neuroinduction is the first technique to contain a recognisable *automatic* total relaxation apart from natural sleep and hypnosis. Such a form of relaxation was never scientifically known or expressed before: the physiological fact and the rationale are new information.

Most of the worst patients to deal with, that are curable, can be taught to automàtically relax by reducing all energies on their part down to one that is very simple; this should then be reduced until it disappears; as when in decubitus a hand is held up and allowed to slowly descend until it meets an obstacle, then automatic relaxation at once appears. It should thenceforth be demonstrated to the patient that the limb dealt with is relaxed, through his feeling the fact, so that he can absolutely realise that it is so—his arm should at once be palpated by the operator in order to indicate that both know that it is so. After which it should be kept there by the injunction that there shall be neither movement in it nor anywhere else. The technique in simple cases

is extraordinarily easy, especially once it has been seen properly demonstrated and after a little practice.

The eyes of patients also lend themselves most favourably for the exhibition and demonstration of automatic relaxation. It is true that these organs have served a useful purpose in practising hypnotism, but a purpose which has never before been scientifically understood by psychologists. It has remained for the study of neuroinduction to bring out true explanations, and to reduce and deduce from phenomena the more valuable and much easier procedures.

The essence of neuroinduction is an *automatic* relaxation that is elicited by *the operator*, not by the patient. The patient's self-created or volitional relaxation affords only a fraction of advantage—practically none—more particularly because it is very difficult to get and to keep. On the other hand, hetero-inducted relaxation is ten times easier for both doctor and patient, and it affords ten times (if not more) the advantages—all the more clearly seen in difficult cases. It also practically *keeps itself* so long as the operator knows what he is doing and wishes it. Automatic relaxation means automatic reduction in the area of synapis. Neuroinduction is primarily and essentially a training of disorder in automatic process towards order. Its commencement after decubitus consists in securing a definite automatic relaxation of some kind, the simplest of which I have given—namely, of the muscles of an

arm: a limb chosen because it is so convenient to get at, and so easy to handle.

On the thought side, *automatic convictions* are just as important to secure, indeed more so; but the physical must be obtained first, for this greatly helps in obtaining the mental, according to Law 2. If you make your patient prove himself to be wrong by a few simple logical sentences, the correction becomes emotionally fixed; he accepts this automatically and finally, even in his physical sensations: though it may possibly be against some of his formerly expressed opinions—especially if he has been *unreasonably* opposing. The subconscious minds of those who are curable always contain the latent power to exhibit some sort of self-mastery: it is the duty of the operator to assist them in finding this power if they have lost it or if they never were able to exercise it before.

Neuroinduction is the most potent educational means that exists, for the various reasons given. When neuroinducting a normal person, whatever useful words you utter, or information you impart that he is capable of understanding and accepting, are readily treasured amongst his stored facts, to be made use of in future according as memory—that is facile synaptic linking—allows. But in the case of an abnormal person, suffering, say, from obsessions, delusions, or hallucinations, there is bound to be some conflict both formerly existing and freshly created. Normally sane ideas may not at first be

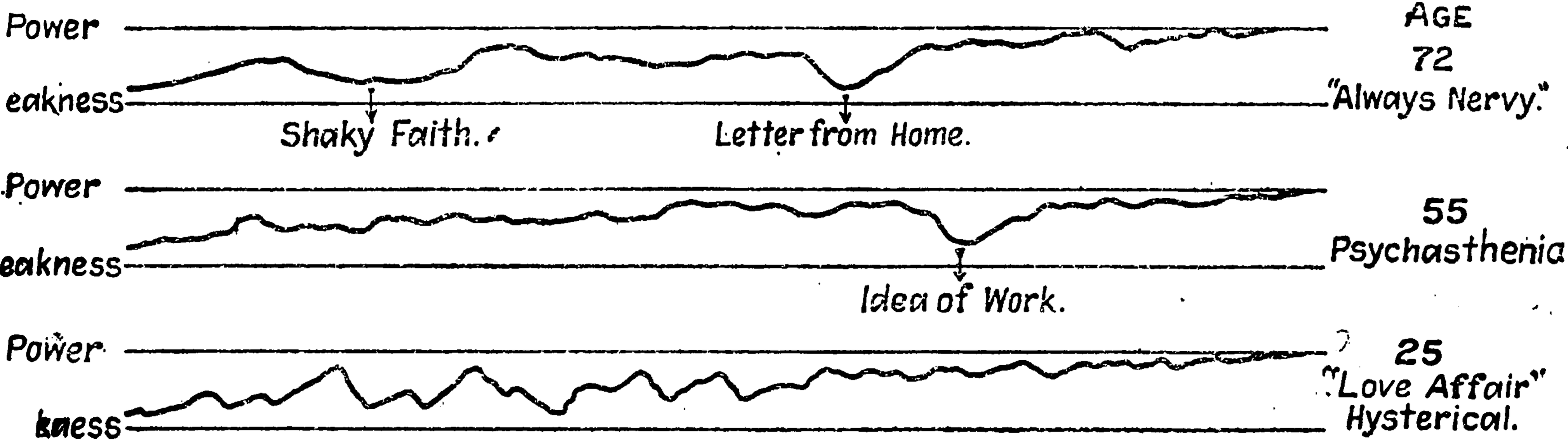
accepted at all: your arguments must then be repeated and substantiated and reinforced until they are accepted. Very likely they will be momentarily accepted, after some conflict, only to be followed by disorder again appearing in the patient's mind. Therefore repetition of contention on the part of the operator, and modifications of arguments must go on until unreasonable opposition gives way. The consequence is that practically all patients under treatment get well through alternate rises and falls in an ascending scale.

Not an insignificant proof of the advantages of neuroinduction is the effect upon normal people—as may well be imagined. Being a direct means of facilitating thought power normal individuals will benefit anything from 10 to 100 per cent.—just as a muscularly strong man will find advantages in very special physical means of increasing his strength. But the most pleasant earnest of all is the fact that neuroinduction fortifies the operator all the time: being the most perfect system of essential education it *teaches back* in the manner that teaching mathematics helps a man to become very strong in his subject. Bad systems of psychotherapy "take it out of" the operator—sometimes particularly so—because he does not really understand his subject and finds the work too hard in consequence.

Do the advantages of neuroinduction sound too good to be true? Quite possibly, to some enquirers—for one reason, best known to themselves, or another.

In a curable case the patient practically never falls as far down as the line of commencement while treatment proceeds, no matter what may happen. Even the death of a friend or the loss of a fortune has been repeatedly observed to be borne far better, as a result of treatment, than it would have been without, according to the patient's own judgment expressed in due course, and in the opinion of friends (see Figs. 1 and 2).

I am perfectly well aware that medical men will find many cases so advanced in disorder that they cannot get anywhere near securing *automatic* relaxation. What is one to do in such cases? Are they incurable? My reply is that they are incurable, if nothing and nobody can induce automatic relaxation. For this inability would mean that one had to deal with some mental or physical disorder, tension, strain, or spasmodic reaction, which nothing but either narcosis or natural sleep could alter. The rule is that if you cannot induce any automatic relaxation at first you must teach the muscular and mental systems until you succeed—if it is possible ever to succeed. Indeed, it is really a sign of incurability by any means whatever—and an extremely valuable one—when, by the best and most experienced process known, automatic relaxation cannot be induced. The positive rule is, however, very gratifying to both operator and patient: that if an operator does succeed after some difficulty in an obstinate case, it is almost certain that the patient is curable. Unreasonable refusal of help, as I have studied it,


Power
eakness
Shaky Faith.
Letter from Home.
AGE
72
"Always Nervy."
Power
eakness
Idea of Work.
55
Psychasthenia
Power
kness
25
"Love Affair"
Hysterical.

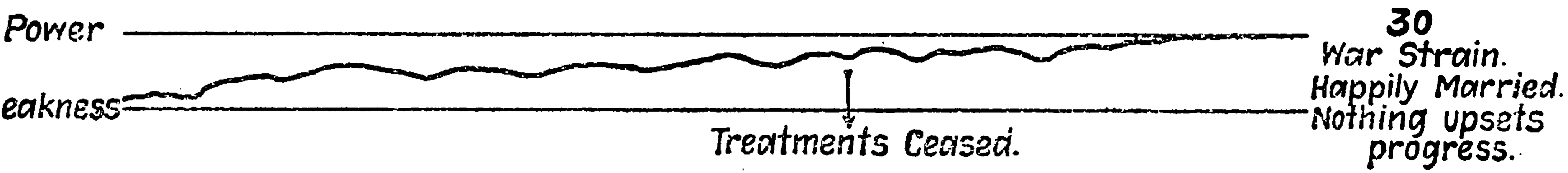

Power
eakness
Treatments Ceased.
30
War Strain.
Happily Married.
Nothing upsets
progress.

FIG. 1.

is one of the very worst features in mental disorders.

I repeat, pointedly, that it may require several treatments in difficult cases (trainings) before any sign of automatic relaxation is manifest. When there is any, this must be developed until it can be got quite readily. It follows that the more experienced operators may get it where others have repeatedly failed, naturally, just as a particular laryngologist may secure a coin by forceps in the trachea after others have failed.

Conversely, it is a law (Law 7) that *the more readily a person can be neuroinducted towards automatic relaxation the more normal is he.*

I should like to explain further that it is not necessary always to continue treatment until the patient is set steadily at the top line in the chart of cure. Numerous instances have shown that about two-thirds or three-fourths is enough. Positive circling will accomplish the remainder. Hence the permanency of the cure. Many patients are seen months or years after treatment who have advanced in cure far beyond what was observed immediately after the last treatment.

* * * * *

It is true that the very highest of all mental powers can be manifested under neuroconduction (hypnosis), such as powers of making calculations and of performing acts artistically which are not possible in the ordinary state, as is well known to students of

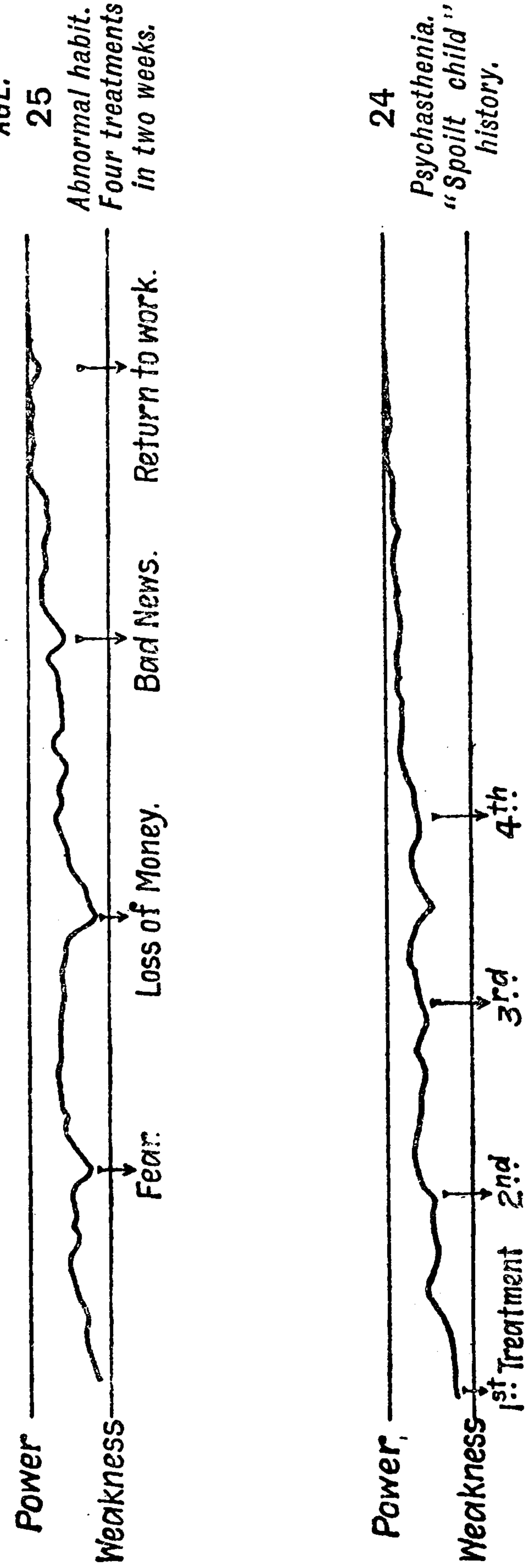

AGE.
25
Abnormal habit.
Four treatments
in two weeks.
24
Psychasthenia.
"Spoilt child"
history.
Return to work.
Bad News.
Loss of Money.
Fear.
4th.
3rd.
2nd.
1st Treatment
Power
Weakness
Power
Weakness

FIG. 2.

the hypnotism of old. In these instances certain complexes of the brain act automatically once the whole has been conducted to the point of pursuing only a very particular object in view, true hypnosis being verified by the fact that, in the waking state which follows, the performer is not aware of what has been taking place in the hypnosis. The mental powers are particularly high purely on account of the perfection of limitation and concentration that is reached. Now, in neuroinduction very high powers can also be reached, but not quite so high as in neuro-conduction, for the plain reason that the limitation and concentration in the former cannot go so far; the explanation being that the co-operation between teacher and person taught under neuroinduction not only engages the brain to some extent outside of the aforesaid calculating and intensely acting complexes, but it all the time allows the fullest awareness, even immediately the restful state of neuroinduction is no longer required. In short, there is amnesia as a result of neuroconduction, but none in neuroinduction. Thus it is again clear why neuroinduction must be more advantageous than neuroconduction in dealing with disorders of thought power. However high any powers may be in the complex concentration of neuro-conduction, the linking as between the subconscious and supraconscious (ordinary conscious) in neuro-induction allows the best work which the subconscious is capable of exhibiting to be used and manifested to good purpose by the ordinary conscious. In other

words, the greatest complex thought power possible is to be obtained by neuroconduction; but the most effectual thought power for ordinary employment or for the practical purposes of everyday life, is to be obtained by neuroinduction.

In the above I have endeavoured to gradually induct the reader who is not biased or obsessed through pre-employment of "psycho-analysis" of the "word-association," hit-or-miss, groping-in-the-dark order, towards the automatic conclusion that nothing could serve a diagnosing, analysing, and treating physician, who is dealing with a functionally disordered patient, so well as the best thought power of the patient to be obtained by means of neuro-induction, which will enable him to analyse *himself*—always bearing in mind the truism that the great majority of those suffering from functional disorder are mentally very capable indeed—they only require the kind of help that will bring this capability out.

* * * * *

The study of spontaneous cataleptic and automatic relaxation states in animals and man is interesting; such states must claim our interest as we endeavour to fathom the mysteries of instinctive phenomena. All states of catalepsy and automatic relaxation appear to be physiologically explicable only so far as we can appreciate the fact that the mental and physical systems *instinctively* derive them; that is to say, there is automatic adjustment according as either sensations or ideas suggest. In hypnosis,

strokes or passes made by the operator for the purpose of creating catalepsy, convey to the brain and muscular systems the message that contraction and rigidity are required. We cannot at present go beyond this rationale, any more than we can exactly explain why the sight of food causes certain glands to act, or, for that matter, why certain stars follow particular courses. We know that in most physiological phenomena causes and effects are simply so, and that as regards the constellations certain movements take place. Catalepsy and relaxation under certain conditions are as natural as any reflex actions we like to think of.

When activity is clearly and distinctly not wanted then automatic relaxation (its diametrical opposite) is indicated; indeed, after the slightest energy relaxation is usually in time appreciated as a plainly acceptable relief. Most animals will automatically relax once they find activity is either not wanted or is prevented. Passage from the firm dynamic to the relaxed static, when nothing else feels and seems possible, is natural in both thought and muscular functioning. It is as natural for a child to endeavour to walk to its mother, so soon as it feels its feet sufficiently, as for anybody to sleep when there is no occasion or mood for doing anything else—as happens to all healthy people commonly once in twenty-hour hours. Natural sleep itself is never "made"; it is a state that merely comes automatically when there is nothing happening to prevent it. An

artificial kind can be made by drugs or disease. On the other hand natural wakefulness just comes out of sleep, when inclination is felt for the former but none for the latter. "Feeling inclined" is the very natural uncomplicated causation in either case.

CHAPTER XXVI

THE FUTURE

PSYCHOTHERAPY has now passed very far beyond the experimental stage. It is no longer necessary to wonder whether it is worthy of being considered as of serious and permanent value or no. Its future is assured. Whatever may have been its shortcomings while in the hands of the pioneers of the past, who so nobly struggled against heavy odds of prejudice and sheer ignorance, it is now recognised and countenanced as an established science. Former opposition was mainly due to the mistaken and persistent conviction—very pardonable at one time, no doubt—that the treatment was most objectionably potent, in that it involved some personal control over another's will-power. It is easily seen to-day that neuroinduction, far from being a treatment which essentially involves the power of alienating the will-power of another, is, by its very nature and method of application, a means of restoring the will-power not to be equalled in efficacy by any other known agency. This must be the verdict of scientists in this year of grace 1921—a verdict which no conceivable arguments of the future can upset; its truth is as final as the law of gravity, or any other scientific truth.

Medical men must therefore not only cease to oppose psychotherapy; they must cheerfully and whole-heartedly come forward to accept its great scientific facts. There can now be no excuse for opposition. The subject may be found difficult—many comparatively new procedures are: I have chosen to admit that, at first, and in certain respects, it is so, and for the best reasons. But what work has ever been initiated that has not become easier and easier as time and understanding have "cleared the air"? I have attempted to explain procedure with a desire to help, as a later pioneer; I have endeavoured to pass on my knowledge and experience for the benefit of others, so that, by their working on similar lines, a much greater progress may very soon be achieved than that to which I have attained.

Fashions in therapy have existed at every stage of the history of medicine, but in this book we go beyond the possibility of incurring that insecurity of tenure which merely whimsical or fanciful work deserves. Every effort has been studiously made to steer clear of speculation, not so much in a spirit of self-commending virtue as with a comfortable feeling that one has had no occasion to do so. All may not be final that is here laid down. Doubtless all is not final. I have at most been desirous of soliciting interest and a following, by refraining from making unfair deductions. Moreover, I shall be instantly prepared to bow to any corrector who can prove his case, and to applaud improvement—such as we shall surely get

before long—the moment that I see other hands are effecting it.

Many cases have been considered which serve to indicate very plainly that a valuable therapy has been employed with great success when everything else had failed. To-day it is obvious that this therapy should be recognised as a force to be employed at the *outset* of certain disorders, once these can be accurately diagnosed. Some of the cases cited have indicated a painful want of knowledge on the part of the doctor as to what was the best course to take, the patient refusing to die, or declining to go irrecoverably mad, while a hopeless prognosis was repeatedly offered in answer to pitiful appeals made in well-known consulting-rooms.

Cases which have been successfully treated by psychotherapy are growing in number, and, in future, records of object-lessons will necessarily find their way into print; so that psychotherapists of capacity and attainment may henceforth be easy in their minds. Medical men will be obliged to study the subject, and to conquer their obsessions begotten of misunderstanding, or they will remain at the mercy of those who know better. This is the plain issue for such as are recalcitrant and obstinate. Psychotherapy is to-day in a very strong position, and it is likely to become much stronger. It will in future find plenty of material if such movements as "futurism" continue to gain ground. There need be no anxiety on the part of medical men lest advanced methods of curing

the sick should leave any the less to do for future practitioners. New cults which set out to advocate perversion and inversion in art, and in as many other things as they can extend disorder to, instead of the naturally beautiful, are almost certain to be prolific of material. Persons who degenerate so far as to devise monstrous contrivances called "noise-tuners" instead of ordinary musical instruments, and who write poetry which not only includes "Kaffir clicks," but indicates a predilection for "delirious onomatopœics," are likely to beget a strange and perplexing offspring in abundance.

I am of opinion that not many years will elapse before neuroinduction—as carried out properly by others—will have proved itself to be first in efficacy as a treatment for several disorders that have persistently baffled medical scientists heretofore, particularly diabetes, exophthalmic goitre, intestinal stasis, and insanity.

An outstanding derivative of present-day conflicts of opinion regarding the formation of a Ministry of Health and a State Medical Service—all begotten of the pressing needs of a whole world's plight—is the writing on the wall, "Better preventive systems are wanted against disease." In neuroinduction we have a natural system which makes for natural process both in the prevention of certain diseases and their cure when established, whether bodily or mental.

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